MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03928

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mount Pleasant

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 10 months, 28 days

Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2328 Whittier Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Barney Abrams

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	white	Married

6 (b) Name of husband or wife: Eva Abrams

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Feb. 12, 1874

8. AGE:

Years	Months	Days	If less than one day
66	1	19	____ hrs. ____ min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual occupation: Tavern Keeper

11. Industry or business: same

FATHER
12. Name: Reuben Abrams
13. Birthplace: Russia

MOTHER
14. Maiden name: Rebecca ?
15. Birthplace: Russia

16. Informant: Hospital Records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-5-40 (month) (day) (year)

Cemetery or crematory: Hebrew Cem.

Location: Balto Md

18. Funeral director: Jack Louis Inc

Address: 1439 E. Balto St

19. April 5 1940 (Date rec'd by registrar) L. Frank Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 1940, at 9:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1939 19__, to April 4 1940, and that I last saw him alive on April 4 1940

Immediate cause of death	DURATION
Chronic Pulmonary Tuberculosis	unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Samuel Lipstein M.D
M. D. or other

Address: Mt. Pleasant Reisterstown Md Date signed April 4, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15-1

RECEIVED
APR 11 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

03929

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Rusterstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hanover Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto.

City or town Rusterstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James H. Akehurst

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lydia Akehurst

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1866

8. AGE: Years 74 Months 3 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Balto Co. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Wm. Akehurst

13. Birthplace Balto Co.

MOTHER 14. Maiden name Ann Hook

15. Birthplace Balto Co.

16. Informant Mrs Lydia Grimes

Address Rusterstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2 1940 (month) (day) (year)

Cemetery or crematory Asbury M E

Location Rusterstown Md

18. Funeral director J. F. Eline & Sons

Address Rusterstown Md.

19. May 2 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1940, at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/1/39 1940 to 4/30/40 1940, and that I last saw him alive on 4/28/40 1940.

Immediate cause of death Myocarditis (chronic)

CURATION 2 yrs

Due to hypertension

Due to arteriosclerosis

Other conditions Died while asleep in bed

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Saffell M. D. or other

Address Rusterstown, Md Date signed 5/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

I

T

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03930

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Baltimore
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Mace & Myrth Avenues
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Christopher Alt

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of ~~husband~~ or wife Kunigunda Alt
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 11, 1876
8. AGE: Years 63 Months 10 Days 1 If less than one day hrs. min.
9. Birthplace Germany (Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Edward Alt
13. Birthplace Germany
MOTHER 14. Maiden name Babbett Eckstein
15. Birthplace Germany
16. Informant Mrs. Lotz, Daughter
Address Mace & Myrth Avenues.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 15, 1940 (month) (day) (year)
Cemetery or crematory Parkwood Cemetery
Location Taylor Ave. Balto Md.
18. Funeral director Albert L Hiltz Jr
Address 1606 N. Chester Street
19. 4-13-40 19 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 1235 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1940, to April 12 1940, and that I last saw him alive on April 11 1940.
Immediate cause of death Angina Pectoris
Due to Coronary artery occlusion
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 4/4/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Albert Eisenberg M.D. M. D. or other
Address 2025 E North Ave Date signed 4/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

03931

CERTIFICATE OF DEATH

Reg. Dist. No. 2-38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 5 Mo 9 Days

Stay in this community (yrs., or mos., or days) Saw.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County —

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 612 Reservoir St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Adeline Buston Anderson.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Colin Ed. Anderson. (Dec)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 11, 1882

8. AGE:

Years	Months	Days	If less than one day
58	1	—	____ hrs. ____ min.

9. Birthplace Michigan (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business Own Home.

FATHER
12. Name Thomas Buston
13. Birthplace England

MOTHER
14. Maiden name Mary Ashew
15. Birthplace England.

16. Informant Personal History-Hospital Records

Address Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 13 - 1940 (month) (day) (year)

Cemetery or crematory London Park

Location Balto

18. Funeral director William Cook

Address 1217 - St. Paul St.

19. Apr 10 1940 (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 2 1939 to April 11 1940, and that I last saw h— alive on April 11 1940.

Immediate cause of death Pulmonary Tuberculosis. — DURATION Jan 1935

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE W. A. Bridges M. D. or other

Address Towson, Md. Date signed —

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03932

Reg. Dist. No. 9-38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 8 Mo 8 Day.

Stay in this community (yrs., or mos., or days): San.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Montgomery

City or town: Brookmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6022 Ridge Blvd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: W.W.

3. (a) FULL NAME: Audrey Marie Anderson

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife:

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 14 1922

8. AGE: Years: 17 Months: 8 Days: 25 If less than one day: ____ hrs. ____ min.

9. Birthplace: Minnesota (Town, county, and state)

10. Usual occupation: School girl.

11. Industry or business:

FATHER 12. Name: Axel J. Anderson

13. Birthplace: Sweeden

MOTHER 14. Maiden name: Jennie Roalberg

15. Birthplace: Minnesota

16. Informant: Personal History-Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: W W Chambers Co.

Address: 31 & M St. Wash. D.C.

19. (Date rec'd by registrar) Apr 10 40 Registered Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 9 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1939 to April 9 1940, and that I last saw h alive on April 9. 1940

Immediate cause of death: Pulmonary Tuberculosis. — DURATION: March 1939

Due to: ____

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: W A Bridges M. D. or other

Address: Towson, Md. Date signed: ____

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03933

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Woodholme Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Woodholme Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Mathew Anderson

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Florence Rose Anderson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 19th, 1875

8. AGE: Years: 65 Months: 1 Days: 20 If less than one day: hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Wholesale Harness Business

11. Industry or business: Retired

FATHER
12. Name: Francis Anderson
13. Birthplace: Virginia

MOTHER
14. Maiden name: Emma Wooldridge
15. Birthplace: Virginia

16. Informant: Mrs. Florence Rose Anderson
Address: Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 12, 1940 (month) (day) (year)

Cemetery or crematory: Greenmount Cem.

Location: Baltimore, Md.

18. Funeral director: H. W. Mears & Son

Address: 805 North Calvert St.

19. April 10th 19 40 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10th 19 40, at 1.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11 19 39, to April 10 19 40, and that I last saw him alive on April 10th 19 40.

	DURATION
Immediate cause of death: Coronary Thrombosis	Sudden
Due to: Coronary artery disease	8 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. E. Nichols, Md
M. D. or other

Address: Pikesville Md Date signed: 4-11-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30a)

03934

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Cedar Crest
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2908 Cedar Crest Ave

Stay in hospital or inst. (yrs., or mos., or days) [illegible]

Stay in this community (yrs., or mos., or days) 42 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town Cedar Crest Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2908 Cedar Crest
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William T Anderson

3. (b) Social Security Number 213-09-3487

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie T.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 24 1876

8. AGE: Years	Months	Days	If less than one day
63	11	26	____ hrs. ____ min.

9. Birthplace Washington D C
(Town, county, and state)

10. Usual occupation Machinist Bethlehem Steel Co

11. Industry or business

FATHER
12. Name Oliver P Anderson
13. Birthplace Washington D C

MOTHER
14. Maiden name Olivia French
15. Birthplace Washington D.C.

16. Informant Mrs Annie T Anderson

Address 2925 Sparrow Pt Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 20/40 (month) (day) (year)

Cemetery or crematory Oak Lawn

Location Eastern Ave

18. Funeral director William M Mareck

Address 715 Light St

19. April 19 1940 (Date rec'd by registrar) Dawson L. Farber Dp. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1937 to April 18 1940, and that I last saw him alive on April 17 1940.

Immediate cause of death Bronchopneumonia. Tabes Dorsalis - with incontinent & emaciation

Due to Central Nervous System lues.

Due to

Other conditions Generalized arteriosclerosis & Cerebral arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert L. Glass M. D. or other

Address 4611 Eastern Ave Date signed 4-18-40

RECEIVED
MAY 6 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-8

Registered No. 30

03935

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore ~~City~~, Maryland

(b) Street address Co

(c) Hospital or institution: Beechwood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 60

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2913 Clifton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROLAND PENNINGTON BARRY

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-09-1090 *

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorsed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March. 11. 1889 (1887, 1888)

8. AGE: Years	Months	Days	If less than one day
53	0	25	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER — 12. Name George Gibson Barry

13. Birthplace Baltimore

MOTHER — 14. Maiden Name Mary Ellen Wilson

15. Birthplace Baltimore

16 (a) Informant George Wilber Barry

(b) Address 2913 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4. 8. 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son

(b) Address 1338 Hollins St.

19 (a) 4/8/40 (Date rec'd by registrar) (b) H. C. Anderson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4. 5. 1940, at 10. P M

21. I certify that death occurred on the date above stated; that I attended deceased from March, 6 1940, to April, 5 1940, and that I last saw him alive on April, 5 1940.

Immediate cause of death	Duration
Carcinomata of Lung(Left).	Years ?
Due to Bronchitis, Empyema...	1, Month. -2 ..
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Bronchoscopic Exam. Cancer of Lung.

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? No (Specify type of place)

(e) Means of injury None

23. Signature S. Lloyd Johnson M. D.

Address Catonsville, Md. Date signed

RECEIVED
APR 10 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd)

CERTIFICATE OF DEATH

03936

Reg. Dist. No.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Stemmers Run Md
City or town Balto Co
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Stemmers Rd Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dora A. Bordwick

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Monrad A Bordwick
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 1893

8. AGE: Years	Months	Days	If less than one day
46	3	21	hrs. min.

9. Birthplace Wisconsin (Town, county, and state)
10. Usual occupation at Home
11. Industry or business

FATHER
12. Name Edward Petterson
13. Birthplace Norway

MOTHER
14. Maiden name Alberta Ellison
15. Birthplace Norway

16. Informant Monrad A Bordwick
Address Stemmers Run Md

17. Burial Date thereof 4/10/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Parkwood Cemetery
Location Balto Md
18. Funeral director Leonard J Ruck
Address 5305 Harford Rd

19. 4-9-40 John B. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1940 to April 7 1940, and that I last saw h-w alive on April 7 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. White, M.D.
M. D. or other
Address 7610 Eastern Ave Balto Md Date signed 4/9/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03937

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Mount Pleasant

Stay in hospital or inst. (yrs., or mos., or days) 2 mos. 25 days

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1528 Eutaw Place
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Borko

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Bessie Borko

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) ? ? 1880

8. AGE: Years	Months	Days	If less than one day
57 / 80			hrs. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual occupation Grocery Merchant

11. Industry or business same

FATHER 12. Name Jacob Borko

13. Birthplace Russia

MOTHER 14. Maiden name Hannah ?

15. Birthplace Russia

16. Informant Deceased

Address same

17. Burial Date thereof 4-14-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rosedale

Location Phil Rd + Hamilton Ave

18. Funeral director Jack Lewis Inc

Address 1439 E. Balto St

19. April 13 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940 at 9:14A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 1940 to April 12 1940, and that I last saw him alive on April 12 1940

	DURATION
Immediate cause of death	
Chronic Myocarditis	unknown
Due to Arteriosclerotic Heart Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel Lipsitz M.D
M. D. or other

Address Mt. Pleasant Reisterstown, Md Date signed April 13 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03538

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-L)

County Baltimore — Registration Dist. No. 38

Village or City Parkville — No. 2624 Wendover Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jane E. Boughter — If U. S. Veteran, specify WAR

(a) Residence: No. 2624 Wendover Road St., Ward.
(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James F. Boughter

6. DATE OF BIRTH (month, day, and year): Feb. 23rd. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Harford Co. Maryland
(State or country): Maryland

FATHER

13. NAME: David Boyd

14. BIRTHPLACE (city or town): Cecil Co.
(State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary A. Campbell

16. BIRTHPLACE (city or town): Harford Co.
(State or country): Maryland

17. INFORMANT: Mrs. Charles Bredehoeft
(Address): 2624 Wendover Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Centre Cemetery Date: 4/20/40, 19

19. UNDERTAKER: Lasahn Funeral Home
(Address): 7401 Belair Road

20. FILED: 4/19, 1940 — G. M. Bacon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April (Month) 17th. (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939, to April 17, 1940

I last saw h-- alive on April 17, 1940; death is said to have occurred on the date stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	1938
Arteriosclerotic cardio vascular disease	1928

Other Contributory Causes of Importance:

Name of operation: none — Date of:

What test confirmed diagnosis? clinical — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 4 1940 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (45-7) Reg. Dist. No. 37

03939

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Texas, (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Baltimore Co., Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yr 4 mo 11 da

(c) Length of stay in this community (yrs., mos., or days) 6 yr 4 mo 11 da

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Essex (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? unknown years

3 (a) FULL NAME Steve Budmousky

3 (b) If veteran, name war ✓

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years u. Months u. Days u. If less than one day about 1.5 yrs — hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Balto. Co., Home Register

(b) Address Texas, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1940 (month) (day) (year)

(c) Cemetery or crematory Balto. Co., Home

Location Texas, Md.

18 (a) Funeral director Landom Brooks

(b) Address Sparks, Md.

19 (a) Apr. 25 1940 (Date rec'd by registrar) (b) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. Date of death April 24 1940, at 6 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1938, to Apr 24 1940 and that I last saw him alive on Apr 24 1940.

Immediate cause of death Carcinoma - (Post pharyngeal - Right side of neck.) — Duration 1 1/2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wilmer C. Enson M.D. M. D. or other

Address Cockeysville Md Date signed Apr. 25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186-a

CERTIFICATE OF DEATH

Reg. Dist. No. 03940 53

1. PLACE OF DEATH:

County: Baltimore.

City or town: Rural near Parkton.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 83-6-11

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore.

City or town: Rural near Parkton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near Prettyboy Dam.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret Ellen Bull.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: J. Thomas Bull.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 18, 1856.

8. AGE: Years: 83 Months: 6 Days: 11 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Co., Md.
(Town, county, and state)

10. Usual occupation: Housekeeper.

11. Industry or business: Own home.

FATHER
12. Name: Jacob Stiffler.
13. Birthplace: Md.

MOTHER
14. Maiden name: Margaret Baublitz.
15. Birthplace: Md.

16. Informant: Mrs. Jesse Talbott
Address: Parkton, Md. R.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May 2, 1940.
(month) (day) (year)

Cemetery or crematory: Pine Grove Cemetery.

Location: Rayville, Md.

18. Funeral director: Jacob Hartenstein
Address: New Freedom, Pa.

19. May 1 1940 (Date rec'd by registrar) Samuel S. Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1940, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1940, to April 29 1940, and that I last saw her alive on April 29 1940.

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other conditions: Fracture of neck of femur generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. M. France
M. D. or other

Address: Parkton, Md. Date signed: 4/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

T

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03941

1. PLACE OF DEATH (94a)

County Balto. Registration Dist. No. 30

Village or City Catonsville No. Montrose Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph A. Buscher If U. S. Veteran, specify WAR ____

(a) Residence: No. 2029 Cold Spring Lane Ward. Balto. Md.

(Usual place of Abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Buscher

6. DATE OF BIRTH (month, day, and year) Jan. 2 - 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	45	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. C. & O. - Towson Md.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Harford Co

FATHER

13. NAME Nicholas Buscher

14. BIRTHPLACE (city or town) (State or country) Havre de Grace Md. Harford Co

MOTHER

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Anna Buscher (Address) 2029 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date April 5, 1940

19. UNDERTAKER Wm. H. Valentine (Address) 2326 Aiken St.

20. FILED 4/4, 19 40 H. L. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at about 4 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardiac Vascular disease	

Other **Contributory Causes** of Importance:

Coronary thrombosis	
Sudden death	

Name of operation ____ Date of ____

What test confirmed diagnosis? Autopsy Was there an autopsy? ____

23. If death was due to externel causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Wes disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) C. M. Griffin Dept Med Univ Md Balto

(Address) 101 S. Eden

If more blanks are needed, address State Registrar, 211 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED APR 15 1940 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (108)

03942

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Balto.
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Harlem Lodge
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 426 E. Fort Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Joseph. T. Byrnes

3. (b) Social Security Number: no

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Teresa Byrnes
6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): April 28th 1911

8. AGE: Years: 28 Months: 11 Days: 8 If less than one day: hrs. min.

9. Birthplace: Balto. (Town, county, and state)
10. Usual occupation: Tavern Keeper
11. Industry or business

FATHER
12. Name: Andrew Byrnes
13. Birthplace: Ireland

MOTHER
14. Maiden name: Brigid Tierney
15. Birthplace: Ireland

16. Informant: Teresa Byrnes
Address: 426 E Fort Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/9/40 (month) (day) (year)
Cemetery or crematory: New Cathedral Cem.
Location: Baltimore

18. Funeral director: Charles F Dill.
Address: 1501 E Fort Ave

19. 4/5 1940 (Date rec'd by registrar) H. L. Sudan Registrar
Local Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1940, at 4:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31 1940, to April 5 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 6 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Ferd A. Ries, M.D. M. D. or other
Address: Haarlem Lodge, Catonsville Date signed 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-d

013943

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 months, 8 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Home

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2818 Elliott Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Katherine Byrne BYRKE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Miles Mathew Byrne

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1868

8. AGE: Years	Months	Days	If less than one day
71	8	15	hrs. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Housewife, laundress

11. Industry or business

FATHER 12. Name John Byrne

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden name Eliz. FitzPatrick

MOTHER 15. Birthplace Ireland

16. Informant Mrs. Anne Gilley, daughter

Address 2818 Elliott St. Balto.

17. Burial Date thereof May 3/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Cathedral

Location Frederick Road

18. Funeral director Edgar S. MacNabb

Address Catonsville Md

19. 5/2 1940 [signature] Registrar
(Date rec'd by registrar)

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1940 19 4.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1940, to April 30 1940, and that I last saw h alive on April 30 1940.

	DURATION
Immediate cause of death: Broncho pneumonia	1 day
Due to: Cerebral thrombosis	4 days
Due to: arteriosclerosis	many years
Other conditions: arteriosclerotic heart disease	many yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis Danziger (M.D.)
M. D. or other

Address Spring Grove Hospital Date signed 4-30-40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

03944

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Sparrow Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
1319 Beechwood Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 y

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Sparrow Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1319 Beechwood Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Callahan

3. (b) Social Security Number 219-03-0434

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife ~~Sarah~~ Annie

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 2 1877

8. AGE: Years	Months	Days	If less than one day
63	3	4	____ hrs. ____ min.

9. Birthplace Wilkes Barre Pa
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER 12. Name Andrew Callahan

13. Birthplace Ireland

MOTHER 14. Maiden name Dont Know

15. Birthplace Ireland

16. Informant Mrs Annie Callahan

Address 1319 Beechwood Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9 1940 (month) (day) (year)

Cemetery or crematory Parkwood Cemetery

Location Baltimore Co Taylor Ave

18. Funeral director William M Mareck

Address 715 Light St

19. April 7 1940 (Date rec'd by registrar) Dawson L Harbert Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 10 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940, to April 6 1940, and that I last saw h~~im~~er alive on April 6 1940.

	DURATION
Immediate cause of death	
Pneumonia (Bronc)	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank C Eldred
M. D. or other

Address 002 E. St. Sparrows Pt Date signed 4-6-40

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03945

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (74)

County _____ Registration Dist. No. 32

Village or City Pikesville No. 4 Pikesville Road. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helen DeBaer Cohn.

(a) Residence: No. 4 Pikesville Road. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander S. Cohn

6. DATE OF BIRTH (month, day, and year) April 10.1892.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Herman DeBaer,

14. BIRTHPLACE (city or town) Holland.
(State or country)

MOTHER

15. MAIDEN NAME Annie Roskopf,

16. BIRTHPLACE (city or town)
(State or country) Germany.

17. INFORMANT Mr. Alexander S. Cohn,
(Address) 4 Pikesville Road.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Hebrew Friendship Cem. Date 5/1 19 40

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place, Balto. Md.

20. FILED April 29, 1940 E. C. Nichols
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
April (Month) 28th. (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 28th, 1940, to April 28, 1940
I last saw her alive on April 28th, 1940; death is said to have occurred on the date stated above, at 7.30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4/28/40

Other **Contributory Causes** of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James A. Miller M. D.

(Address) Pikesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, **e. g.,** heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 4 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (522)

Reg. Dist. No. 38 — 03946

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Chestnut Ridge (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Broadway Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 1 mon.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Chestnut Ridge (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. Broadway Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** JOSEPHINE L. COLLIER

3 (b) If veteran, name war: **********
3 (c) Social Security No.: ******

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Winfield S. Collier
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. I, 1861

8. AGE: Years	Months	Days	If less than one day
78	7	12	____ hr. ____ min.

9. Birthplace Joplin, Missouri (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name Thomas R. Manning
13. Birthplace England

MOTHER
14. Maiden Name Malissa York
15. Birthplace England

16 (a) Informant Mrs. W.W.Odell
(b) Address Chestnut Ridge, Maryland.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Maryland.

18 (a) Funeral director John Rupp's Sons
(b) Address Towson, Maryland.

19 (a) Apr 13 1940 (Date rec'd by registrar) (b) [signature] Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death April 13 1940, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1940, to April 13 1940, and that I last saw him alive on April 12 1940.

Immediate cause of death	Duration
Carcinoma of Bladder - general metastases	
Due to	
Due to	
Other conditions Cachexia Decomposition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Towson, Md
Date signed APR 13 1940

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03947

Reg. Dist. No. 9D

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1110 Ridgely Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War veteran

3. (a) FULL NAME: Jesse L. Cook

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married, (separated)

6 (b) Name of husband or wife: Helen Bolman or Bowman

6(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): September 26, 1895

8. AGE: Years	Months	Days	If less than one day
44	6	12	____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: Baltimore City Street Department

FATHER — 12. Name: William Henry Cook

FATHER — 13. Birthplace: Baltimore, Maryland

MOTHER — 14. Maiden name: Mary Margaret Magaha

MOTHER — 15. Birthplace: unknown

18. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12-40 (month) (day) (year)

Cemetery or crematory: Mt Olivet Cem.

Location: Balto Md

18. Funeral director: B.C. Harle

Address: 121 E. West St Balto Md

19. 4/9/40 (Date rec'd by registrar) R.E. Gardner Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 19 40, at 2 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 40, to April 8 19 40, and that I last saw him alive on April 8 19 40.

Immediate cause of death	DURATION
Lobar pneumonia	6 days
Uremia	6 days
Due to Chronic myocarditis	indef.
Other conditions Chronic interstitial nephritis	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other
Robert E. Gardner, M.D.

Address: Spring Grove St. Hosp. Catonsville, Md. Date signed: 4-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 15 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 32

03948

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 1404 Reisterstown Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 85

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Pikesville, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1404 Reisterstown Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Robert T. Corbett

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katherine Wmand.

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1855

8. AGE: Years 85 | Months 1 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace 1404 Reisterstown Rd (Town, county, and state) Pikesville Md.

10. Usual occupation General Storekeeper.

11. Industry or business General Store

FATHER

12. Name Timothy Corbett.

13. Birthplace Ireland

MOTHER

14. Maiden Name Margaret Richards

15. Birthplace Ireland.

16 (a) Informant Mrs. Katherine Corbett.

(b) Address 1404 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Grumman Ave

19 (a) 4/24/40 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death April 23rd 1940, at 9.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2 1938, to Apr. 23 1940, and that I last saw him alive on April 23 1940.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Due to Coronary Sclerosis	2 yrs.
Due to Art. Sclerosis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James A. Miller M.D. (M. D. or other)

Address Pikesville, Md. Date signed 4/24/40.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03949

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 4-2

Village or City Arbutus Md. No. 11 Stevens Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Covill If U. S. Veteran, specify WAR

(a) Residence: No. 11 Stevens Ave West of East Drive, Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena C. Covill

6. DATE OF BIRTH (month, day, and year) April 27-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Baker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Covill

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Frank K. Covill

(Address) 11 Stevens Ave. Arbutus Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 22 1940

19. UNDERTAKER George L. Johnson

(Address) 2101 Fredrick Ave. Balto. Md.

20. FILED April 23, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 18 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1939, to April 18 1940

I last saw h~~im~~ alive on April 16, 1940; death is said to have occurred on the date stated above, at 12 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yr.
Cerebral Hemmhage	17 days

Other **Contributary Causes** of importance:

Arterio-Sclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Millard Larson M. D.

(Address) Halethorpe Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 2 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03950

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Utah County
City or town Salt Lake City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1283 E. South Temple Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
COVINGTON, Dr. Platt Walker

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rhea Wheat
6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 1, 1884

8. AGE: Years	Months	Days	If less than one day
55	9	18	hrs. min.

9. Birthplace Rockingham, N. C.
(Town, county, and state)
10. Usual occupation Physician
11. Industry or business

FATHER
12. Name Dr. James M. Covington
13. Birthplace North Carolina

MOTHER
14. Maiden name Eloise McCauley
15. Birthplace North Carolina

16. Informant Hospital records
Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof April 23-1940 (month) (day) (year)
Cemetery or crematory Wadesboro - N.C.
Location " "

18. Funeral director Stewart & Mowen Co
Address 108 W. North Avenue

19. Apr 20 1940 (Date rec'd by registrar) W. Barrell Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 8:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1940, to April 19th 1940, and that I last saw him alive on April 19, 1940

Immediate cause of death Terminal Bronchopneumonia — DURATION 3 days
Cerebral Thrombosis — 3 mos.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Arthur E. Pattrell M. D. or other
Address Arthur E. Pattrell, M.D. Sheppard-Pratt Hospital Towson, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 PM

Dr Shillman
6 E Biddle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

03951

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore County

City or town Baltimore (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Carters Sanitarium

Stay in hospital or inst. (yrs., or mos., or days) 3 yrs 6 mos.

Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Calvert

City or town Millmount Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Calvert Co.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Crockett, Ada Stevens (ADA STEVENS CROCKETT)

3. (b) Social Security Number NONE

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Handy Crockett

6 (c) If alive, give age 92 years

7. Birth date of deceased (mo., day, yr.) July 25, 1854

8. AGE: Years 85 | Months 9 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace Millmount Calvert Co, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fuller Eddy Stevens
13. Birthplace Maine

MOTHER
14. Maiden name Elizabeth Gantt
15. Birthplace Charles Gift, Calvert Co Md

16. Informant Nettie Northam (daughter)
Address Solomons Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 4/16/40 (month) (day) (year)

Cemetery or crematory Woodlawn

Location Woodlawn Balto Co

18. Funeral director William Cook

Address 1217 St Paul St

19. 4/14 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 1235 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1940, to April 14 1940, and that I last saw her alive on April 13 1940.

Immediate cause of death	DURATION
Acute Bronchitis	6 days
Chronic myocarditis	2 years
Due to Arteriosclerosis	5 years
Due to Chronic Interstitial Nephritis	5 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wilbur F. Shillman MD
M. D. or other
Address 6 East Biddle St Date signed 4/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) CP Reg. Dist. No. 44

CERTIFICATE OF DEATH

03952

1. PLACE OF DEATH

(a) County Baltimore

(b) City or town Sparrows Point. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 3017 Wells ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Pa. (b) County Lackawanna.

(c) City or town Cortez Pa (If outside city or town limits, write RURAL and give town)

(d) Street No. R. F. D. Ariel Pa. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years ✓

3 (a) FULL NAME OLIVER DAVID CROOP.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Emma Croop.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1857

8. AGE: Years 82 ~~83~~ Months 6 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Lackawanna Co. Pa. (Town, county, and state)

10. Usual occupation Farming.

11. Industry or business "

FATHER

12. Name John Croop.

13. Birthplace Lackawanna Co. Pa.

MOTHER

14. Maiden Name x Coone.

15. Birthplace Lackawanna Pa.

16 (a) Informant Edgar Croop.

(b) Address 3017 Wells ave Sparrows Pt. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22/40 (month) (day) (year)

(c) Cemetery or crematory Scranton Pa

Location

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) April 19-40 (Date rec'd by registrar) (b) Damon L. Harper Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death April 19 1940, at 1 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1940, to April 19 1940, and that I last saw him alive on 4/15 1940.

Immediate cause of death	Duration
myocardial failure	Sudden
Due to chronic myocarditis	5 yrs.
Due to arteriosclerosis	12-15 yrs.
Other conditions Benign Prostatic Hypertrophy - Cystitis (Include pregnancy within 3 months of death) 2 mo.	1 yr.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Pollin. M.D. M. D. or other

Address Sparrows Point. Md. Date signed 4/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T) (I) (M)

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03953

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: White Marsh Baltimore
City or town: White Marsh
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: White Marsh Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mattie Jones Cullens

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Albert E. Cullens

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 9 - 1863

8. AGE: Years	Months	Days	If less than one day
76	7	27	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Tom Jones
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rebecca McDonald
15. Birthplace: Pennsylvania

16. Informant: Mrs. B. F. Cullens
Address: White Marsh Md

17. (Burial, cremation, or removal. Which?) Date thereof 4 9 1940 (month) (day) (year)
Cemetery or crematory: Camp Chapel,
Location: White Marsh, Md.

18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. 4/8/40 (Date rec'd by registrar) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6, 1940, at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23, 1940, to April 6, 1940, and that I last saw her alive on April 5, 1940.

Immediate cause of death	DURATION
Congestive Heart Failure	12 wk.
Due to Arteriosclerotic Heart Disease;	4 yrs.
Due to arteriosclerosis	8 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clifford F. Hudson M.D. M. D. or other
Address: Fork, Md Date signed 4/7/40

RECEIVED
MAY 4 1940
BUREAU V. S.

Balto. Co. P

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56-b)

03954

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Harford Co P

City or town Baldwin
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret F Dalton

3. (b) Social Security Number

4. Sex Female

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph P Dalton

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1871

8. AGE: Years 68 Months 5 Days 20 If less than one day hrs. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Thomas Lynch
13. Birthplace Ireland

MOTHER
14. Maiden name Mary Hanlon
15. Birthplace Ireland

16. Informant Cecilia Dalton

Address Baldwin Md.

17. Burial
(Burial, cremation, or removal, which?)

Date thereof Apr 8, 1940
(month) (day) (year)

Cemetery or crematory Ft Johns Cem

Location Long Green Md.

18. Funeral director Hamberger & Gross

Address Benson, Md.

19 4/5/40 19 W McHammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 7:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 31 1940, to April 4 1940, and that I last saw her alive on April 4 1940.

Immediate cause of death Cerebral Thrombosis — DURATION 3-31-40

Due to Operation for removal of Polypus from uterus — 3-20-40

Due to Emp. Wall.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Polypus Former of Uterus

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter M Hammett
M. D. or other

Address Baldwin Date signed 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

03955

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 14 yrs. 6 mths. 11 dys.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Pomfret Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: --- (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Gertrude Dement

3. (b) Social Security Number: none

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: --

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 20, 1875

8. AGE: Years: 65 Months: - Days: 5 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: housekeeper

11. Industry or business: home

FATHER
12. Name: William F. Dement
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary S. Green
15. Birthplace: Maryland

18. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/27/40 (month) (day) (year)

Cemetery or crematory: St. Joseph

Location: Pomfret, Md

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md

19. 4/26 (Date rec'd by registrar) 1940 [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1940, at 3:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~[illegible]~~ Sept. 1939, to April 25 1940, and that I last saw her alive on April 25 1940.

Immediate cause of death: Chronic myocarditis — DURATION: bef. 1940

Due to: General arteriosclerosis — bef. 1940

Due to:

Other conditions: Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: See above

Of operations:

Of autopsy: See above

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jr Else Pappenheim M. D. or other

Address: Else Pappenheim, M.D. Spring Grove Hospital Date signed: 4-25-40

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03956

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Reisterstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred: Mount Pleasant
How long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1 N. Wheeler Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Angela Di Carlo

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6.(b) Name of husband or wife: none
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 1, 1912

8. AGE:

Years	Months	Days	If less than one day
27	9	4	hrs. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Tailoring
11. Industry or business: same

FATHER
12. Name: Ellis Di Carlo
13. Birthplace: Italy

MOTHER
14. Maiden name: Dora Ruvollozzo
15. Birthplace: Italy

16. Informant: Deceased
Address: same

17. NEW CATHEDRAL C. Date thereof: May 1. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: New Cathedral Cem.
Location: Baltimore Md.

16. Funeral director: Frank Della Rocca
Address: 52 N. Morley st. (Baltimore Md)

19. 4/29/40 (Date rec'd by registrar) Frank Della Rocca Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 19 40, at 12:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 39, to April 28 19 40 and that I last saw her alive on April 28 19 40

Immediate cause of death	DURATION
Chronic Pulmonary Tuberculosis	unknown
Due to:	
Due to:	
Other conditions: Laryngeal Tuberculosis	unknown

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel Lefstein M.D.
M. D. or other
Address: Mt. Pleasant Reisterstown, Md Date signed: April 28 1940

RECEIVED
MAY 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

03957

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Presbyterian Home

Stay in hospital or inst. (yrs., or mos., or days) ten years

Stay in this community (yrs., or mos., or days) ten years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town ~~Towson~~ Govans Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~Presbyterian Home~~ 517 Orkney Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannah H. Dorritee

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1862

8. AGE: Years	Months	Days	If less than one day
77	9	28	hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Charles W. Dorritee
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden name Harriett Hergesheimer
15. Birthplace Baltimore, Maryland

16. Informant Margaret O. Webster

Address Tappahonnock, Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Loudon Park

Location Frederick Avenue, Baltimore, Maryland

18. Funeral director John O. Mitchell & Sons, Inc.

Address 1900 Eutaw Place, Baltimore, Md.

19. Apr 11 (Date rec'd by registrar) 1940 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 3:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27, 1940, to April 8 1940, and that I last saw her alive on April 8 1940.

Immediate cause of death Coronary Occlusion — DURATION 2 wks.

Due to Artery Sclerosis & Hypertension — unk.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Towson - Md Date signed 4/10/40

RECEIVED
APR 16 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(168)

Registered No. 44

03958

1. PLACE OF DEATH:

(a) Baltimore ~~City~~, Maryland COUNTY

(b) Street address Back River, Essex

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Colgate
(If outside city or town limits, write RURAL and give town)

(d) Street No. 8200 Eastern Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas A. Drescher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1925.

8. AGE: Years 14 | Months | Days | If less than one day hr. min.

9. Birthplace Colgate Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frank Drescher
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Agnes Plewacki
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Agnes Drescher
(b) Address 8200 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location German Hill Road

18 (a) Funeral director M. F. Sadowski Hons.
(b) Address 1808 Eastern Ave.

19 (a) 4-17-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~April 16~~ 19~~40~~, at ~~M~~ Unknown

21. I certify that death occurred on ~~the date above stated, that I attended deceased from~~ 19, to 19, ~~and that I last saw h alive on~~ 19.

Immediate cause of death

Fracture of Skull

Due to the extreme violence

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes - Dr H. J. Maldin

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) ~~Accident, suicide,~~ or homicide homicide

(b) Date of occurrence Unknown

(c) Where did injury occur? Essex (City or town) Balto (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? in a swamp (Specify type of place) While at work? No

(e) Means of injury blow on right side head

23. Signature W. S. E. Mysl Deputy M Tex M. D.

Address Pinesville Md Date signed 4-17-40

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1940
BUREAU V. M.

03959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Villa Maria, Notch Cliff
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Notch Cliff Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Glenarm, P.O.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sister Mary Petronia Droesch

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 15, 1856

8. AGE: Years	Months	Days	If less than one day
84	3	14	____ hrs. ____ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Peter Droesch
13. Birthplace: Prussia, Germany

MOTHER
14. Maiden name: Catherine Schmitz
15. Birthplace: Prussia, Germany

16. Informant: Sr. M. Peter Fourier

Address: Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1st 40 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo M Fink Son

Address: 811 N Wolfe St

19. 5/1/40 (Date rec'd by registrar) 19__ W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1940, at 11.33 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to April 1940, and that I last saw her alive on April 24 1940.

Immediate cause of death	DURATION
Broncho-pneumonia	April 25
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Towson Date signed: Apr 29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a) Reg. Dist. No. 30

CERTIFICATE OF DEATH

03960

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Windsor Mill Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 68

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Mill Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Paul H. Ehrhardt

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1864

8. AGE: Years 75 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Ehrhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta
15. Birthplace Germany

16 (a) Informant Mr. W. T. Ritter
(b) Address Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 W. Baltimore St.

19 (a) 4/16/40 (Date rec'd by registrar) (b) [signature] Registrar
DEPUTY LOCAL

MEDICAL CERTIFICATION

20. Date of death April 12 1940, at 4.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936, to May 12 1940
and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Angina Pectoris	1 year
Due to Arteriosclerosis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Smith M. D. or other
Address 4509 Liberty Hgts Ave Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 2 1940
BUREAU V. S.

Dir Off

03961

STATE OF MARYLAND—CERTIFICATE OF DEATH

6-8-2030 Wi

(108)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Arbutus No. Knecht Ave Arbutus St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Katherine Eisentrager

(a) Residence: No. Knecht Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Eisentrager

6. DATE OF BIRTH (month, day, and year) Jan 21 1862

7. AGE Years 78 Months 3 Days 6 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ava Eisentrager (Address) Knecht Ave Arbutus

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date April 30, 1940

19. UNDERTAKER Albert W Beregoy (Address) 440 E. North Ave

20. FILED April 30, 1940 Geo Keeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1940, to April 27, 1940

I last saw her alive on April 27, 1940; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4/23/40

Other Contributory Causes of importance:

Coronary occlusion	4/26/40

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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MAY 3 1940
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03962

131-B

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44

Village or City Sparrows Point No. 907 J Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catharine Evans

(a) Residence: No. 907 J Street St., Sparrows Pt. Md Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard Evans

6. DATE OF BIRTH (month, day, and year) May 28 1878

7. AGE 61 - Years 62 Months 10 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Richard Evans 907 J St. Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Apr 25, 1940

19. UNDERTAKER (Address) Sam N. Chase & Son 638 N. Gilmor St

20. FILED April 23, 1940 Dawson L. Harper Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 21 - 1940, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from March 3rd, 1940, to April 21 - 1940

I last saw her alive on April 21 - 40, 19 ; death is said to have occurred on the date stated above, at 9:10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/18/40
Other Contributory Causes of importance:	
Chronic Nephritis	1 yr ago

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J. H. Thomas M. D.

(Address) 1042 J St Sparrows Pt Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 6 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-A)

CERTIFICATE OF DEATH

03963

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 2 mos. 1 day
Stay in this community (yrs., or mos., or days) 2 yrs. 2 mos. 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2012 Edgewood Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John W. Falconer

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Genevieve Cavanaugh
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 8, 1891

8. AGE:

Years	Months	Days	If less than one day
48	7	3	hrs. min.

9. Birthplace: Maryland - Baltimore
(Town, county, and state)

10. Usual occupation: Typist

11. Industry or business:

FATHER
12. Name: John McDonald Falconer
13. Birthplace: Scotland

MOTHER
14. Maiden name: Lena Dubell
15. Birthplace: Maryland

16. Informant: Hospital Records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 12-40 (month) (day) (year)
Cemetery or crematory: Lorraine
Location: Dulaney Md
18. Funeral director: John F. Mitchell & Son
Address: 1900 Eutaw Place

19. 4/12 19 (Date rec'd by registrar) H. L. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 19 40, at 6:00 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1, 1940 to April 11, 1940, and that I last saw him alive on April 11, 1940.

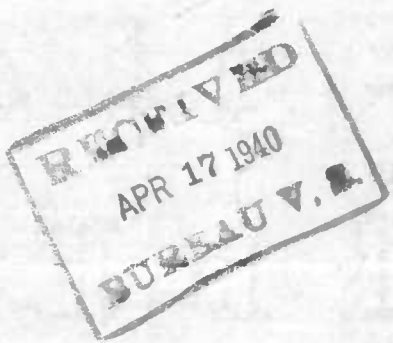
Immediate cause of death	DURATION
Chronic myocarditis	Before 1939
Due to	
Septicemia due to trophic ulcerations	November, 1939
Due to	
Other conditions	
Korsakoff's Psychosis (Include pregnancy within 3 months of death)	Before 1939

Major findings:
Of operations: Contractures of legs
Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Else Pappenheim M. D. or other
Address: Spring Grove Hospital Date signed: 4/12/40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APR 17 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

~~93964~~ 32

1. PLACE OF DEATH (97)

County Baltimore, Registration Dist. No. 32

Village or City Pikesville No. 17 Linden Terrace St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? 71 yrs. mos. ds.

2. FULL NAME George R. Faustman Sr

(a) Residence: No. 17 Linden Terrace St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredericka M. Faustman

6. DATE OF BIRTH (month, day, and year) July 28, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83.	8	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retail

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Faustman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Rudolph

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George R. Faustman Jr.

(Address) 1114 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr 10th, 1940.

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

20. FILED Apr 8, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 8 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1940, to Apr 8, 1940

I last saw him alive on April 7, 1940; death is said to have occurred on the date stated above, at 5a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other Contributory Causes of Importance:

Senility	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Nichols M. D.

(Address) Pikesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 4 1940 BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Maryland State
~~BALTIMORE CITY~~ HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 38 03965

1. PLACE OF DEATH:
(a) Baltimore ~~City~~ Co., Maryland
(b) Street address Bare Hills. Falls Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Foster

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race col
6 (a) Single, married, widowed, or divorced. widow.
6 (b) Name of husband or wife Charles Foster
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 1870
8. AGE: Years 70 | Months | Days | If less than one day hr. min.
9. Birthplace Matthews Va
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name David Griffin
13. Birthplace Matthews Va

MOTHER
14. Maiden Name Emma —
15. Birthplace Matthews Va

16 (a) Informant Martha Scott
(b) Address Bare Hills, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Pk
Location Balto Co Md.
18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Wood Hill Ave
19 (a) 4/12/40 (Date rec'd by registrar) (b) W. Garrett Van Horn Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4.8 1940, at 5 15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3.3 1940, to 4.8 1940 and that I last saw her alive on 4.8 1940.

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to hypertensive cardiac disease	unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. Browne M. D.
Address 1500 E. Madison St Date signed 4.10.40
Rayner Browne

VS 3

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03966

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (13-6)

County Baltimore Registration Dist. No. 44

Village or City Inverness No. 103 Bayside Drive St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank William Fulda If U. S. Veteran, specify WAR

(a) Residence: No. 103 Bayside Drive St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Delaney Fulda

6. DATE OF BIRTH (month, day, and year) August 3, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Barber

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own barber shop.

10. Date deceased last worked at this occupation (month and year) About 1915

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frank William Fulda

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank W. Fulda (Address) 1209 Woodlawn St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date April 19th, 1940

19. UNDERTAKER Leo G. Leach (Address) 1701-05 N. Patterson Park Ave

20. FILED 4-18-, 1940 John G. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1940, to April 16, 1940

I last saw him alive on April 16, 1940; death is said to have occurred on the date stated above, at 10:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heart block	1936
Hypertension	1930
Nephritis	1934
Arteriosclerosis	1930

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Clyde P. Myers M. D.

(Address) 15 Seabright Ave - Inverness

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 19 1940 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (164a)

CERTIFICATE OF DEATH

03967

Reg. Dist. No. 32

1. PLACE OF DEATH: Balto Md
County
City or town Ruxton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Conn. County - ?
City or town Stamford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ?
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lowry Bowman Furst
3. (b) Social Security Number 030074010

4. Sex: Male
5. Color or race: White
6. (a) Single, married, ~~widowed~~, or ~~divorced~~: married
6 (b) Name of ~~husband~~ or wife: Mary Louise Furst
6(c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.): December 18th 1901
8. AGE: Years: about 38 | Months | Days | If less than one day: hrs. min.
9. Birthplace: Ben Avon, Allegheny Co., Penn. (Town, county, and state)
10. Usual occupation: Sales Manager
11. Industry or business: Cape Cod Shipbuilding Co. Warehouse, Wash
FATHER
12. Name: Clyde Bowman Furst
13. Birthplace: Hagerstown, Maryland
MOTHER
14. Maiden name: Mary Louise O'Neil
15. Birthplace: Ben Avon, Penn.
16. Informant: Elizabeth D. Redwood,
Address: Ruxton, Md.
17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof April 23 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Druid Ridge Cem
Location: Baltimore Co Md
18. Funeral director: Henry W Jenkins & Son Co
Address: Orchard & McCulloh St
19. April 23 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940 about noon
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~
~~and that I last saw h~~ ~~alive on~~ ~~19~~
Immediate cause of death: Suicide by hanging
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 4-21-40
Where did injury occur? Ruxton Balto Co Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of injury hanged himself Injured at work? no

23. SIGNATURE [illegible] Lefty M Cox M. D. or other
Address Pikesville Md Date signed 4-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

03968

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County Baltimore; City or town Monkton, Md (If outside city or town limits, write RURAL NEAR and give town); Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Monkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Joseph John Satchell

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Laura Wells Satchell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 21 - 1860

8. AGE: Years 79 Months 8 Days 6 If less than one day ____ hrs. ____ min.

9. Birthplace: York Co. Pa (Town, county, and state)

10. Usual occupation: Undertaker & Cabinet Maker

11. Industry or business: —

FATHER 12. Name: Joseph Satchell

FATHER 13. Birthplace: York Co. Pa

MOTHER 14. Maiden name: Jane Hooks

MOTHER 15. Birthplace: York Co Pa

16. Informant: Mrs. John Millbourne

Address: Monkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10-40 (month) (day) (year)

Cemetery or crematory: Hooleio

Location: Monkton, Md.

18. Funeral director: P. Mackbum Son

Address: White Hall Md

19. April 9th 1940 (Date rec'd by registrar) Mabues Bortues M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1940, at 5:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8, 1940, to April 7, 1940, and that I last saw him alive on April 7, 1940

Immediate cause of death: Carcinomatosis — DURATION: ?

Due to: Squamous Cell Carcinoma of face. — ?

Due to: —

Other conditions: Generalized Arteriosclerosis; Chronic Myocarditis — 1 month

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Robert H. Oliver M. D. or other

Address Cockeysville, Md. Date signed 4/7/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03969

Reg. Dist. No. 30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 years, 2 mos. 23 dys.

Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 405 North Patterson Park Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Theresa Gebhardt

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles Gebhardt

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1875

8. AGE: Years	Months	Days	If less than one day
64	11	16	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own home.

FATHER 12. Name Francis X. Huppmann

13. Birthplace Germany

MOTHER 14. Maiden name unknown

15. Birthplace United States

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof apil-27-1940 (month) (day) (year)

Cemetery or crematory Holy Redeemer

Location Belair Rd

18. Funeral director John Ulrich

Address 2008 Orleans St

19. 4/25 (Date rec'd by registrar) 19 40 Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1940, at 2 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept.1,1939 19 to April 25,1940 19, and that I last saw her alive on April 25, 19 40

Immediate cause of death Chronic myocarditis — DURATION bef.1940

Due to General arteriosclerosis — " "

Due to — " "

Other conditions Senile psychosis with arteriosclerosis — " "

(Include pregnancy within 3 months of death)

Major findings: Of operations See above

Of autopsy See above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Else Pappenheim

Else Pappenheim, M.D. M. D. or other

Address Spring Grove Hospital Date signed 4-25-40

RECEIVED
MAY 2 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (92-a)

Registered No. 38 03970

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 412 Penna Ave Towson Md.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Towson

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 412 Penna Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecelia Goodie

3 (b) If veteran, name war X

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Sully

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19,

8. AGE: Years 54 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace St. Marys Co.

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Jacob Buchanna

13. Birthplace St. Mary's Co. Md.

MOTHER

14. Maiden Name Alice Butler

15. Birthplace St Mary's Co. Md.

16 (a) Informant Joseph Goodie

(b) Address 41[illegible] Penna Ave. Towson, Md.

17 (a) Pleasant Rest (Burial, cremation, or removal) (b) Date thereof 4/29/40 (month) (day) (year)

(c) Cemetery or crematory Burial

Location Towson, Md.

18 (a) Funeral director Thomas E. Kelson

(b) Address 1303 Eutaw St.

19 (a) Apr 26 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/40 19..., at 8A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1940, to April 25 1940 and that I last saw her alive on April 24 1940.

	Duration
Immediate cause of death: Aortic Insufficency	1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William D. Polk M. D.

Address Towson, Md. Date signed 4-26-40

VS 3

RECEIVED
MAY 4 1940
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

03971

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 11 Glenwood Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 11 Glenwood Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Anne Granger

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife William E. Granger
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 4 1868

8. AGE: Years 71 | Months 10 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Piedmont, W. Va.
(Town, county, and state)

10. Usual occupation Home wife
11. Industry or business own home

FATHER
12. Name John Bailey
13. Birthplace Ireland.

MOTHER
14. Maiden name Sarah Carr
15. Birthplace Ireland.

16. Informant Mrs. Mary Granger
Address 11 Glenwood Ave. Catonsville

17. Burial Date thereof Apr. 26, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory New Cathedral Cem.
Location Baltimore Maryland

18. Funeral director Easton Sons
Address Elkton City

19. 4/25/40 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/15-4/24 1940, to 4/24 1940, and that I last saw h- -alive on 4/24 1940.

	DURATION
Immediate cause of death Coronary thrombosis with Myocardial Decay	72 hrs.
Due to Arterio sclerosis	?
Due to General	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William P. Magee M. D. or other
Address 336 Frederick Rd Date signed 4/25/40

RECEIVED
MAY 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03972

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (93-d)

County Balto. Registration Dist. No. 30

Village or City Catonsville No. 57 Edmonson Bridge St. Road Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie R. Gray If U. S. Veteran, specify WAR .....

(a) Residence: No. 57 Edmonson Bridge Road Ward. .....
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William T Gray.

6. DATE OF BIRTH (month, day, and year): Aug 10 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME Clark Mott.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME Elizabeth Hill

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT Wm T Gray (Address) 3009 White Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 5/2 1940

19. UNDERTAKER Leonard J Rusk (Address) 5305 Harford Road

20. FILED 4/29 1940 Registrar. DEPUTY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 29 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8 1940, to April 28 1940

I last saw her alive on April 28 1940; death is said to have occurred on the date stated above, at 5:25 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Myocardial Degeneration.	4-1-40
Cardiac Hypertrophy	1930
Other Contributory Causes of Importance:	
Lobar Pneumonia	3/8/40

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) William K. Gallagher M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 2 1928 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13L)

CERTIFICATE OF DEATH

03973

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Balto
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1400 Edmondson av
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 140 Edmondson av
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Louis Grebe

3. (b) Social Security Number: no

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feby 14 1862
8. AGE: Years 78 Months 2 Days 5 If less than one day ____ hrs. ____ min.
9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Store room Clerk
11. Industry or business: retired
FATHER 12. Name: Henry Grebe
13. Birthplace: Germany
MOTHER 14. Maiden name: ? Grebe
15. Birthplace: Germany
16. Informant: Mrs. Elizabeth M Vaupel
Address: 1400 Edmondson ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 22, 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.,
18. Funeral director: G. Howard Strong
Address: 715 Light St.
19. 4/20 1940 (Date rec'd by registrar) A L Andrews Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 1940, at about 8-5 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19 ____, to ____ 19 ____, and that I last saw h ____ alive on ____ 19 ____.
Immediate cause of death: Death was not due to the fall. The fall was not accidental. Pulmonary hemorrhage
Due to: Tuberculosis with hemorrhage. Pulmonary tuberculosis
Due to: Falling down Cellar stairway
Other conditions: sudden death Inquiry
(Include pregnancy within 3 months of death)
Major findings: This patient had pulmonary hemorrhage; then fell down the steps as a result of the bleeding.
Of operations
Of autopsy

DURATION: 8 W.E.R.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Geo. M. Kieffer Dep. Med. Exam of Balto M. D. or other
Address: 1010 Leeds av Date signed: 4-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
APR 25 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

03974

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 11 mths. 4 dys.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: --

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2103 Elsinor Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Florence E. Green

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife: --

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 4, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	7	____ hrs. ____ min.

9. Birthplace: Wilmington, Delaware
(Town, county, and state)

10. Usual occupation: secretary

11. Industry or business: bank

FATHER — 12. Name: William Richard Green
13. Birthplace: England

MOTHER — 14. Maiden name: Catherine Boyce
15. Birthplace: England

16. Informant: Hospital records
Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof April - 13 - 40 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Baltimore Md.

18. Funeral director: Stewart & Mowen Co.

Address: 108 W. North ave. Baltimore, Md.

19. 4/11/1940 (Date rec'd by registrar) Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 11 19____, at 10:12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 19 34, to April 11 19 40, and that I last saw h__ or alive on April 11 19 40.

Immediate cause of death	CURATION
Broncho-pneumonia	6 days
Due to Chronic myocarditis	indefinite
Due to	
Other conditions Schizophrenia	since 1917

(Include pregnancy within 3 months of death)

Major findings:

Ot operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: R. E. Gardner, M. D.
Robert E. Gardner, M.D. or other

Address: Catonsville, Maryland Date signed ____

RECEIVED
APR 17 1940
BUREAU V

STATE OF MARYLAND—CERTIFICATE OF DEATH

03975

1. PLACE OF DEATH (94a)

County Baltimore Registration Dist. No. 33

Village or City Glyndon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Waldo Hack If U. S. Veteran, specify WAR

(a) Residence: No. Glyndon St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 8 1882

7. AGE: Years 57 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Lawyer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick Home Hack

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nannie Newcomer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs Douglas G Carroll Brooklandville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date April 8, 1940

19. UNDERTAKER (Address) Henry W Jenkins Sons Co McCulloh Oakland

20. FILED April 8, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 5, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1940, to April 5, 1940

I last saw him alive on April 4, 1940; death is said to have occurred on the date stated above, at 1 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/5/40
Other Contributory Causes of importance: Generalized Arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Robert H Hive M. D.

(Address) Cockeysville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03976

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 yrs. 9 months.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Ridge & Fairview Aves.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine ~~Hallbach~~ Halbach

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11. 1856

8. AGE: Years 83 Months 6 Days 26 If less than one day hrs. min.

9. Birthplace Louisiana (Town, county, and state)
10. Usual occupation House work
11. Industry or business at Home

FATHER
12. Name Charles Hallbach
13. Birthplace Germany

MOTHER
14. Maiden name Susan Schmidt
15. Birthplace Germany

16. Informant Niece, Mrs. Marie Frey
Address 816 Glen Allen Drive, Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 9. 1940 (month) (day) (year)
Cemetery or crematory New. Cathedral
Location Balto Md.

18. Funeral director Mr. Mrs. John W. Teufel & Son
Address 801 W. Fayette St.

19. 4/8 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Lord

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1940, at 5.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6, 1940 19 , to April 6 1940, and that I last saw her alive on April 6 1940.

Immediate cause of death Broncho pneumonia — DURATION 2 days
Due to
Due to
Other conditions Arterio sclerotic heart disease — unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lewis Danziger, M.D. M. D. or other
Address Spring Grove Hospital Date signed April 7. 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03977

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (83a)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Old Frederick Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U.S. if of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Frank S. Hall — If U. S. Veteran, specify WAR

(a) Residence: No. Bon Air, Old Frederick Rd. St., Ward. (Usual place of abode)

Whether resident of city or town and State + Edmondson Ave E/K

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Widower

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Eva H. Hall (nee Fouejoy)

6. DATE OF BIRTH (month, dey, and year) July 30,

7. AGE Yeers	Months	Deys	If LESS then 1 dey, ..hrs. or ..min.
82	8	11	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed lest worked at this occupation (month and yeer)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) (Stete or country) N. Y.

FATHER

13. NAME Ralph Hall

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Emmaline Barrett

16. BIRTHPLACE (city or town) (State or country) N. Y.

Daughter

17. INFORMANT Mrs. Martha W. Loesch

(Address) Bon Air, Old Fred. Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 4/15/40

19. UNDERTAKER Harry A. Nuttle

(Address) 4101 Edmondson Ave

20. FILED 4/15, 1940 Alex. Sadler Registrar.

Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 11 (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceesed from Jan. 20, 1938, to April 11, 1940

I lest saw h.. elive on April 11, 1940; death is said to heve occurred on the dete steted above, et 5:15 m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:

	Date of onset
Cerbral Hemorrhage	4/4/40
(Arteri Sclerosis Senili)	Contrib

Other Contributory Causes of Importance:

Name of operetion None Date of

Whet test confirmed diegnosis? Physical Was there an autopsy? No

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury ..., 19..

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Wes diseese or injury in eny wey releted to occupetion of deceased? No

If so, specify

(Signed) Elliott W. Johnson M. D.

(Address) 3432 Frederick Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 2 1940
BUREAU OF C.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

03978

CERTIFICATE OF DEATH 81

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County Essex Md

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: New Philadelphia Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Balto County Md.

City or town Essex Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. New Philadelphia Rd. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm. J. Hall

3. (b) Social Security Number 214-18-7196

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Cold	widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-25-1890

8. AGE: Years	Months	Days	If less than one day
50	2	25	hrs. min.

9. Birthplace Crownsville, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Isaac Hall
13. Birthplace Crownsville Md.

MOTHER
14. Maiden name Mary Digg.
15. Birthplace Crownsville Md.

16. Informant James S. Hall

Address 611 George Str.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-25-40 (month) (day) (year)

Cemetery or crematory Crownsville Md.

Location Ann Arundle Co.

18. Funeral director Robert E. Williams

Address 1515 McElderry Str

19. Apr. 21 1940 John G. Connelly (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1940, at 2.40 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Automobile Accident

Due to Skull & both legs fractured

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ Accident Date of 4-20-40

Where did injury occur? Essex (City or town) Balto (County) Md (State)

Injured at ~~home, farm, industry~~, public place ~~(where?)~~ highway

Means of injury Struck by Auto Injured at work? No

23. SIGNATURE W. J. E. Wyse Jefy M. Ex. M. D. or other

Address Pikesville Md Date signed 4-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-C) Reg. Dist. No. 43

CERTIFICATE OF DEATH

03979

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Golden Ring Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)
(d) Street No. Golden Ring Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ottilie Augusta Heerd

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1889

8. AGE: Years 50 | Months 6 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Charles H. Heerd
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Hattie Dogge
15. Birthplace Balto., Md.

16 (a) Informant Mr. Charles H. Heerd
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) 4/13/40 (Date rec'd by registrar) (b) Mrs. O. A. Fust Registrar

MEDICAL CERTIFICATION

20. Date of death April 13 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1939, to April 13 1940, and that I last saw him alive on April 13 1940.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Chronic Rheumatic Endocarditis.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Baumgardner (M. D. or other)
Address Rosedale Md Date signed 4/13/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03980

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 227 Main St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Clara S.F.Heise

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife August Heise

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1875

8. AGE: Years	Months	Days	If less than one day
64	6	7	____ hrs. ____ min.

9. Birthplace Balto.City
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Richard Cook
13. Birthplace Balto.City

MOTHER
14. Maiden name Marie Reitzel
15. Birthplace Balto.City

16. Informant Mr.August Heise Jr.

Address Reisterstown,Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1, 1940 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Balto.Co.

18. Funeral director J.F.Eline & Sons

Address Reisterstown,Md.

19. 4/28/ 1940 (Date rec'd by registrar) J. Frank Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th 1940, at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1940, to April 28th 1940, and that I last saw her alive on April 28 1940

Immediate cause of death Angina Pectoris

Due to Arthritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 3 days about 1 yr

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Frank Wallace M. D. or other

Address Reisterstown Md. Date signed 4/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (306)

03981 -

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month 26 days

Stay in this community (yrs., or mos., or days): 1 month 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Newcomb Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: HICKSTEIN, Adolf

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude Hickstein

6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): November 18, 1877

8. AGE: Years: 62 Months: 4 Days: 27 If less than one day: hrs. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Retired storekeeper

11. Industry or business: Raised tomatoes & chickens on small farm

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Hospital records

Address:

17. Cremation (Burial, cremation, or removal, Which?) Date thereof: 4/16/40 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemy.

Location: Fred. Ave. Balto. Md.

18. Funeral director: John C. Mitchell & Sons Inc.

Address: 1900 Eutaw Place

19. 4/16 1940 (Date rec'd by registrar) W. Donald Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15, 1940, at 12:37 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 21 1940, to April 15 1940, and that I last saw him alive on April 15, 1940 19

Immediate cause of death: Pulmonary edema — DURATION: 12 hrs

Due to: Right heart failure — " "

Due to: Malaria & Syphilis (Malaria 36 d) (General Paralysis of the Insane) — unk

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Arthur E. Pattrell, M. D. M. D. or other

Address: Sheppard-Pratt Hospital Towson, Md. Date signed:

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

03982

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Balto.
City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: I7 Main St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) I5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. I7 Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine E.Hill

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Arthur Hill
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan.I5,I85I

8. AGE: Years	Months	Days	If less than one day
89	2	20	____ hrs. ____ min.

9. Birthplace: Carroll Co. (Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER
12. Name: John Thomas Stocksdale
13. Birthplace: Carroll Co.
MOTHER
14. Maiden name: Elizabeth Williams
15. Birthplace: Carroll Co.
18. Informant: T.K.Hill
Address: Reisterstown,Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6,I940 (month) (day) (year)
Cemetery or crematory: Pleasant Grove
Location: Carroll Co.
18. Funeral director: J.F.Eline & Sons
Address: Reisterstown,Md.
19. April 5 1940 (Date rec'd by registrar) J. Frank Wood M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 1940, at 2:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1940, to April 4 1940, and that I last saw her alive on April 3 1940.

Immediate cause of death	DURATION
Chronic myocarditis	?
Arteriosclerosis	?
Cystitis B. Coli	1 month

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: L. F. Emshar, M.D. M. D. or other
Address: Reisterstown, Md. Date signed 4/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03983

1. PLACE OF DEATH (1342)

County Baltimore Registration Dist. No. 32

Village or City Lorans P.O. 514 Annslie Rd No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Valentine Hinkson If U. S. Veteran, specify WAR

(a) Residence: No. 514 Annslie Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Lewis W. Hinkson

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Penna.

FATHER

13. NAME Erasmus Valentine

14. BIRTHPLACE (city or town) Unknown (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Penna.

17. INFORMANT Mrs. Chas. A. Weber (Address) 514 Annslie Rd

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Meadowridge Date April 20, 1940

19. UNDERTAKER Harry E. Wolfe (Address) 4101 Elmora Ave

20. FILED Apr 20, 1940 H. Gerald Cox Deputy Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1940, to April 17, 1940

I last saw h— alive on April 17, 1940; death is said to have occurred on the date stated above, at 12:35 P.M. AM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis	1936
Chron. Intestinal Nephritis	1926
Other Contributory Causes of importance: Acute Cardiac Dilatation	1940

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. K. Bishop M. D.

(Address) 421-523 S. Broadway

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03984

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Mount Pleasant

Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 2mos. 2 days

Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3906 Maine Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
ALEXANDER HIRSH

3. (b) Social Security Number
none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Pauline Hirsh

6(c) If alive, give age ~~82~~ 57 years

7. Birth date of deceased (mo., day, yr.) October 5, 1878

8. AGE: Years	Months	Days	If less than one day
62	7	11	____ hrs. ____ min.

9. Birthplace Russia
(Town, county, and state)

10. Usual occupation Mechanical Engineer

11. Industry or business same

FATHER 12. Name Samuel Hirsh

FATHER 13. Birthplace Russia

MOTHER 14. Maiden name Sarah Wolman

MOTHER 15. Birthplace Russia

16. Informant Deceased

Address same

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 17 1940 (month) (day) (year)

Cemetery or crematory Hebrew Young Mens

Location Windsor Mill Rd

18. Funeral director Jack Levin Inc

Address 2100 Eutaw Place

19 April 16 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 2:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to April 16 1940, and that I last saw him alive on April 16 1940.

Immediate cause of death	DURATION
Chronic Pulmonary Tuberculosis	unknown
Due to	
Due to	
Other conditions: Laryngeal Tuberculosis (Include pregnancy within 3 months of death)	unknown

Major findings:

Of operations

Of autopsy Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel Lefstein M.D
M. D. or other

Address Mt. Pleasant Reisterstown, Md Date signed April 16, 1940

RECEIVED
MAY 2 1940
BUREAU V. S.

03985

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: Balto

County

City or town Stemmers Run

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Stemmers Run Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Philadelphia Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilhelmina Hoffmeister

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Louis A. Hoffmeister

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28th, 1874

8. AGE: Years 66 | Months 0 | Days 14 | If less than one day hrs. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Valentine Hillen
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden name Julia ?
15. Birthplace Germany

16. Informant Mr. Louis A. Hoffmeister

Address Stemmers Run, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Apr. 15, 1940
(month) (day) (year)

Cemetery or crematory Zion Lutheran Cemetery

Location Stemmers Run, Md.

18. Funeral director Lassahn Funeral Home

Address 7401 Belair Road

19. 4/13 1940 Mrs. G. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~

~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Coronary heart disease

Due to dropped dead in her kitchen

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. O'Nyse Dep'y M Ex
M. D. or other

Address Pikesville Md Date signed 4-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

03985

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town McDonogh, md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 48 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Pikesville, md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Keller Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ulysses Grant Hollenberry

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Emma Benedict Hollenberry
B(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) April 8, 1865

8. AGE:

Years	Months	Days	If less than one day
74	11	26	____ hrs. ____ min.

9. Birthplace Uniontown, Carroll Co. Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Worked for some one.
FATHER 12. Name John Hollenberry
FATHER 13. Birthplace dont know
MOTHER 14. Maiden name " "
MOTHER 15. Birthplace " "
18. Informant Mrs. C. Edgar Allers
Address McDonogh, md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6, 1940 (month) (day) (year)
Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.
18. Funeral director Wm. Berryman & Sons
Address Reisterstown, md.
19. April 5 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1940, at 1.30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 1940 to April 4 1940, and that I last saw him alive on April 4 1940.

Immediate cause of death	Bronchial Pneumonia	1 week
Due to	Chronic bronchitis	Several years
Due to	Bronchial Asthma	Several years
Other conditions		

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE E E Nichols M.D.
M. D. or other
Address Pikesville, Md. Date signed April 5/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94E) Reg. Dist. No. 35

CERTIFICATE OF DEATH

03987

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or inatitution: Malvern Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in this community (yrs., mos., or days) 15 Mo

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rural - Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Malvern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mignon Edith Hopkins

3 (b) If veteran, name war —

3 (c) Social Security No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, ~~married~~, widowed, or divorced. Single

6 (b) Name of husband or wife None

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 7-1870

8. AGE: Years 69 | Months 10 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Brooklyn N.Y.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Charles E. Hopkins
13. Birthplace Hartford Conn

MOTHER 14. Maiden Name Fabrizia E. Hopkins
15. Birthplace Georgia

16 (a) Informant Stephen R. Walker
(b) Address 1810 Concord St N.W. Washington D.C.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apl 22-1940 (month) (day) (year)
(c) ~~Cemetery~~ or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Peter Waters Dove
(b) Address 2234 N. Charles St

19 (a) Apr. 19 1940 (Date rec'd by registrar) (b) H. Carroll Van Sant Deputy Registrar

2445 N. Charles

MEDICAL CERTIFICATION

20. Date of death April 19 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1939, to April 19 1940, and that I last saw him alive on April 15 1940.

Immediate cause of death	Duration
Coronary Occlusion	April 19-
Due to Chronic Myocarditis	2 yrs-
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Hirschfeld M. D. or other

Address 1118 Cathedral St Date signed 4/19/40

RECEIVED
MAY 4 1940
BUREAU V. S.

03088

STATE OF MARYLAND
CERTIFICATE OF DEATH

(83-C)

Registration Dist. No. 40

1 PLACE OF DEATH

County Baltimore

Village or City Overlea (No. 6 Greenwood Av St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Hora

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Dec (Month) 7 (Day), 1854 (Year)

7 AGE: 85 yrs. 3 mos. 26 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country): Austria

PARENTS

10 NAME OF FATHER: Joseph Hanzlik

11 BIRTHPLACE OF FATHER (State or country): Austria

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Austria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christina Hora

(Address) 6 Greenwood Av

15 Filed 4/3 1940 Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 2 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 10/17 1938 to 4/2 1940, that I last saw her alive on 4/2 1940, and that death occurred on the date stated above, at 7 P m.

The CAUSE OF DEATH * was as follows:

Senility

(Duration) — yrs. — mos. — ds.

Contributory Secondary: Cerebral Thrombosis

(Duration) ..... yrs. 2 mos. 2 ds.

(Signed) John W. Machen M. D.

4/3 1940 (Address) 6304 Belair Rd

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: April 5, 1940

20 UNDERTAKER: Frank Crocker & Son

ADDRESS: 1906 Ashland

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Dr Machen Belair & Glenmar

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired* 6 *yrs*). For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.;* *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03989

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Beechwood Nursing Home — Registration Dist. No. 30

Village or City Catonsville — No. 1300 Frederick Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie A. Hudson — If U. S. Veteran, specify WAR

(a) Residence: No. 1322 N. Fulton Ave. Balto. Md. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Abraham L. Hudson

6. DATE OF BIRTH (month, day, and year) Aug. 7. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. home duties

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME John C. Lewin

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Fuller

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Leonard C. Griffin

(Address) 3033 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemy Date May 1. 1940, 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 4/30, 19 40 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 27. 1940 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1940, to April 27, 1940

I last saw her alive on April 27, 1940; death is said to have occurred on the date stated above, at 4.30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
I Carcinoma of uterus	
(2) General Carcinomatosis	
Dthar Contributory Causes of importance:	
(1) Hydronephrosis	
(2) acute myocarditis	

Name of operation None — Date of

What test confirmed diagnosis? — Was thara an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury

Natura of injury

24. Was disease or injury in any way relatad to occupation of deceased?

If so, spacify

(Signed) Charles S. Neistadt M. D.

(Address) 1730 Linden Ave. Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 1 1940 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03990

(94a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 32

Village or City Garrison No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stuart Symington Janney If U. S. Veteran, specify WAR Spanish-American & World War

(a) Residence: No. Valley Road Garrison Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Moale Janney

6. DATE OF BIRTH (month, day, and year): October 9, 1874

7. AGE: Years 65 | Months 6 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): March 28, 1940

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Harford County, Maryland

FATHER

13. NAME: Johns Hopkins Janney

14. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

MOTHER

15. MAIDEN NAME: Caroline Symington

16. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

17. INFORMANT (Address): Stuart S. Janney, Jr.

18. BURIAL, CREMATION, OR REMOVAL Place: St Thomas Garrison Md. Date: April 12, 1940

19. UNDERTAKER (Address): G. H. Jenkins & Sons Co. Erkland - Mt. Collah Jr.

20. FILED: April 12, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 11th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 30th, 1940, to April 11th, 1940

I last saw him alive on April 10th, 1940; death is said to have occurred on the date stated above, at 9 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 29th 1940

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Wm. M. Dabney M. D.

(Address) Ruxton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1918*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37 — 03991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Granite
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): Life
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Granite Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John L. Johnson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Rosena B. Johnson
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 25th 1880

8. AGE: Years	Months	Days	If less than one day
59	9	12	hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Stonecutter

11. Industry or business

FATHER
12. Name: Unk. Johnson
13. Birthplace: Unk.

MOTHER
14. Maiden name: Mary A. Johnson
15. Birthplace: Unk.

16. Informant: Rosena B. Johnson
Address: Woodstock, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 10, 1940 (month) (day) (year)
Cemetery or crematory: St. Paul's Cem.
Location: Granite, Md.

18. Funeral director: C. Nancy Keen
Address: Sykesville, Md.

19. April 8 1940 (Date rec'd by registrar) — Wm. E. Martin, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1940, to April 7 1940, and that I last saw him alive on April 6 1940.

Immediate cause of death	DURATION
Broken Compensation	
Due to Chronic Valvular Heart Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Wm. E. Martin, M. D. or other
Address: Randallstown, Md. Date signed: 4/7/40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03992

1. PLACE OF DEATH (93d)

County Balto, Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susan A. Johnson

(a) Residence: No. 414 Railroad Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Johnson

6. DATE OF BIRTH (month, day, and year) May 7th 1873

7. AGE Years 66 Months 11 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Data deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Co. Md.

FATHER

13. NAME Louis Chaney

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Ellen Scott

16. BIRTHPLACE (city or town) (State or country) Balto, Co. Md

17. INFORMANT Mr Louis Johnson (Address) 2329 Guilford Ave Balto, Md

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date April 13th 1940

19. UNDERTAKER Byron & Mamie W. Wright (Address) 1218 McElderry St Balto, Md

20. FILED Apr 12, 1940 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 9 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1940, to April 9, 1940

I last saw her alive on April 8, 1940; death is said to have occurred on the date stated above, at 12 Noon

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertensive Cardio Vascular Disease

Date of onset —

Other Contributory Causes of importance

Acute Cardiac Failure

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Howell M. D.

(Address) 600 N Carrollton Ave Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 25 1940 BUREAU I. R.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

03993

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Rural near Baldwin

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Rural near Baldwin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Terry Woods Johnson

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 7 - 1939

8. AGE:

Years	Months	Days	If less than one day
1	1	14	hrs. min.

9. Birthplace Darlington Md (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER

12. Name Ray C Johnson

13. Birthplace Nebraska

MOTHER

14. Maiden name Elma Woods

15. Birthplace Grayson Co Va

16. Informant Ray C Johnson

Address Baldwin Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Apr 22 40 (month) (day) (year)

Cemetery or crematory Oak Grove

Location Fountain Green Md

18. Funeral director E E Hunt & Son

Address Jessup Md

4/21/40 19 (Date rec'd by registrar) W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 5:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1939 to April 1940, and that I last saw him alive on April 20 1940

Immediate cause of death Lobar pneumonia — DURATION

Due to Cold.

Due to —

Other conditions Hydrocephalus; Cleft Palate; (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Melvin N. Burden M.D. M. D. or other

Address Jessup, Md Date signed 4/21/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a) Reg. Dist. No. 44 03994

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Raspeburg Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Ridge Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Rossville (If outside city or town limits, write RURAL and give town)
(d) Street No. Jennings Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** George J. Kappel.

3 (b) If veteran, name war

3 (c) Social Security No. 215-12-4254

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillie E. Kappel

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 16 1877

8. AGE: Years	Months	Days	If less than one day
62	7	26	____ hr. ____ min.

9. Birthplace Baltimore City Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Cemetery

FATHER
12. Name Michael Kappel
13. Birthplace Unknown

MOTHER
14. Maiden Name Pauline Burkhardt
15. Birthplace Unknown

16 (a) Informant Lillie E. Kappel
(b) Address Jennings Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15th 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) April 12-1940 (Date rec'd by registrar) J. J. Cornelly Registrar

MEDICAL CERTIFICATION

20. Date of death April 11, 1940, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7, 1939, to April 11 1940, and that I last saw him alive on April 11 1940.

Immediate cause of death	Duration
Coronary Thrombosis	1 hr. ?
Due to Arteriosclerotic Cardio Vascular disease.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Owens Jr M.D. M. D. or other
Address Raspeburg. Date signed April 11, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03995

(108)

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto.

City or town: Lutherville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Green Spring Ave. Chestnut Ridge

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Lutherville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Green Spring Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mary S. Kelley

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John Thomas Kelley

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 15, 1859

8. AGE: Years	Months	Days	If less than one day
80	5	30	hrs. min.

9. Birthplace: Scotland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Alexander B. Jeffrey

13. Birthplace: Scotland

MOTHER — 14. Maiden name: Margaret Harmiston

15. Birthplace: Scotland

16. Informant: Mrs. Agnes G. Zink

Address: Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 16, 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Balto. Co.

18. Funeral director: J. F. Eline & Sons

Address: Reisterstown, Md.

19. 4/15/40 (Date rec'd by registrar) — C. L. Nichols, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14th 1940, at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1937 to April 13th 1940; and that I last saw h[er] alive on April 13 1940

Immediate cause of death: Lobar Pneumonia — DURATION: 2 wks.

Due to:

Due to:

Other conditions: Chronic Myocarditis — DURATION: 3 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James G. Miller M.D. M. D. or other

Address: Pikesville, Md. Date signed 4/15/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

03996

STATE OF MARYLAND
CERTIFICATE OF DEATH

(8)

Registration Dist. No. 30

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Balto Co.

Village or City 801 Edmondson Ave Extended Catonsville (No. ____, ____ St.; ____ Ward)

2 FULL NAME Boby Kelly

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Mort

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH April 14/40 (Month) (Day), 1 (Year)

7 AGE ____ yrs. 7 mos. Gestation ____ ds. If LESS than 1 day, ____ hrs. OR ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (State or country) Not Known

12 MAIDEN NAME OF MOTHER Delores Kelly

13 BIRTHPLACE OF MOTHER (State or country) Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Delores Kelly

(Address) 801 Edmondson Ave Extended

15 Filed 4/17, 1940 H. C. Andreae REGISTRAR

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 14/40 (Month) (Day), 191 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 14/40 191 to April 14/40, 191 that I last saw her alive on Stillbirth, 191 and that death occurred on the date stated above, at 9 30 p m.

The CAUSE OF DEATH* was as follows:

Stillbirth

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Secondary (Hosty) Mother fell down steps

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Henry B Kelly MD, M. D.

April 16/40, 191 (Address) 1 W 3 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Cross Cem A.A. DATE OF BURIAL April 17, 1914

20 UNDERTAKER Margaret G. Flynn ADDRESS 1422 Light

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None.*

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup";) *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite): *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED MAY 2 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

03997

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: Balto

County Towson Md

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County

City or town Balto. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1820 N. Montford Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William A. Kelly

3. (b) Social Security Number 218-07-0146

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 - 1916

8. AGE: Years 23 | Months 11 | Days 9 | If less than one day hrs. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Glenn L. Martin's

FATHER
12. Name Wm. H. Kelly
13. Birthplace Balto. Md.

MOTHER
14. Maiden name Mable A. Faherty
15. Birthplace Balto. Md.

16. Informant Wm. H. Kelly

Address 1820 N. Montford Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 27-40 (month) (day) (year)

Cemetery or crematory London Pk. Cemetery

Location Frederick Ave.

18. Funeral director John L. Miller

Address 2334 Jefferson St.

19. Apr 26 1940 Laurel Van Horn Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Accidental Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ Date of 4-22-1940

Where did injury occur? No 2 bridge, Lock Raven dam (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) highway

Means of injury accidental drowning injured at work? No

23. SIGNATURE W. T. T. Myer M. D. or other

Address Pyrusville Md Date signed 4.24.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 29 1940
BUREAU V. S.

03998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-G)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fusting Ave Carter's Sanatorium

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Catonsville Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Congress Hotel Ave 306 W. Franklin St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John F. Kennedy

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Jane Francis

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 20 1861

8. AGE: Years 78 Months 8 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace New York (Town, county, and state)

10. Usual occupation Retired Band Employee

11. Industry or business Since 1933 Last worked

FATHER 12. Name Unknown

13. Birthplace Ireland

MOTHER 14. Maiden name Unknown

15. Birthplace Ireland

16. Informant Edward J. Boney

Address 827 Hamilton Terrace

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/22/40 (month) (day) (year)

Cemetery or crematory St Anthony's

Location Minneapolis Minn

18. Funeral director Wm Cook

Address 1217 St Paul St

19. 4/21 1940 (Date rec'd by registrar) A. C. Andrews Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to April 21 1940, and that I last saw him alive on April 21 1940.

Immediate cause of death	DURATION
Carcinoma of Pancreas	1 year
Due to Generalarteriosclerosis	3 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilbur F. Pillman M. D. M. D. or other

Address 6 East Biddle St Date signed 4/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03999

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1401 North Washington Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Rudolph Kramer

3. (b) Social Security Number: 218-07-4852

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Catherine Kramer

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 17 - 1894

8. AGE: Years	Months	Days	If less than one day
46		22	hrs. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual occupation: Sheet Metal Worker

11. Industry or business:

FATHER — 12. Name: Rudolph Kramer

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name:

MOTHER — 15. Birthplace: Switzerland

16. Informant: Katherine Kramer

Address: 1401 N. Washington

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 11-40 (month) (day) (year)

Cemetery or crematory: National

Location: Baltimore

18. Funeral director: Josh D. Herr & Son

Address: 3001 Kentucky Ave

19. 4/9 (Date rec'd by registrar) 1940 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8, 1940, at 7:35 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 6, 1940, to April 8, 1940, and that I last saw him alive on April 8, 1940.

Immediate cause of death	DURATION
Lobar pneumonia	2 days
Acute myocarditis	1 day
Due to Delirium tremens	5 days
Other conditions: Chronic alcoholism	indefin.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other

Address: Spring Grove State Hosp. Date signed: 4/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 13 1940
BUREAU V. R.

8 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

CERTIFICATE OF DEATH

04000

Reg. Dist. No. 9 38

1. PLACE OF DEATH:

County Baltimore

City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 3 months, 16 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 243 S Castle St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Kucharek

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alexander Kucharek

~~Sept 6~~ 6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 Months 7 Days It less than one day ___ hrs. ___ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Walter Szymanski

13. Birthplace Poland

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Personal History-- Hospital Records

Address Eudowood Sanatorium, Towson, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof April 9-40
(month) (day) (year)

Cemetery or crematory Holy Rosary

Location Baltimore

18. Funeral director Fred W. Czaczewski

Address 1930 Castle St Ave

19. Apr 6 1940 W. Carroll Van Horn
(Date rec'd by registrar) Deputy Bd. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 4:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1939, to Apr 5 1940, and that I last saw him alive on April 5 1940

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION Since March 1934

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W A Bridges
M. D. or other

Address Towson, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

04001

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs 11 mo 18 da

Stay in this community (yrs., or mos., or days): 3 yrs 11 mo 18 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Brentwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3606 Campbell St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Julian Lee

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 27, 1932

8. AGE:

Years	Months	Days	If less than one day
7	3	11	hrs. min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Inmate; Rosewood State Training

11. Industry or business: School; owings Mills, Md.

FATHER
12. Name: Clarence G. Lee
13. Birthplace: Minnesota

MOTHER
14. Maiden name: Hazel Bowers
15. Birthplace: Vermont

16. Informant: Institutional Records; Rosewood

Address: State Training School.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4-8-40 (month) (day) (year)

Cemetery or crematory:

Location: Hyattsville, Md.

18. Funeral director: F. Gaeckis Sons

Address: Hyattsville, Md.

19. 4/7/40 (Date rec'd by registrar) 19 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 3:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 1936, to April 7 1940, and that I last saw h-- alive on April 7 1940.

	DURATION
Immediate cause of death: Progressive Spinal muscular atrophy with Epilepsy	Congen
Due to: (Werdnig-Hoffman)	
Due to:	
Other conditions:	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George C. Medairy M.D.
M. D. or other

Address: Owings Mills, Md. Date signed: 4/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 25 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04002

(131-a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. Joppa and Satyr Hill Roads St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Anna Barbara Leidig If U. S. Veteran, specify WAR ____

(a) Residence: No. Joppa and Satyr Hill Roads St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernhard J. Leidig

6. DATE OF BIRTH (month, day, and year) April 18 - 1878

7. AGE Years 61 Months 11 Days 19 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Helbing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna E. Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Bernhard J. Leidig (Address) Joppa and Satyr Hill Roads

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Apr. 10, 1940

19. UNDERTAKER George L. Schwab (Address) 2101 Frederick Ave.

20. FILED Apr 7, 1940 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1938, to April 6, 1940

I last saw her alive on April 6, 1940; death is said to have occurred on the date stated above, at 4:10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	1937
cerebral hemorrhage	10-12-39

Other Contributory Causes of importance:

Name of operation none Date of ____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd Balto Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(1)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

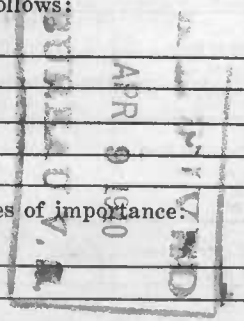
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

04003

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Baltimore

City or town Raspeburg (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2 E. Maple Ave., Overlea.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 2 E. Maple Ave., Overlea. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME FREDERICK W. LINDT.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Marie C. Lindt.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1871

8. AGE: Years 69 | Months 2 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Millwright.

11. Industry or business

FATHER
12. Name: Frederick W. Lindt
13. Birthplace: Balimore, Md.

MOTHER
14. Maiden name: Dorothea Baeshardt.
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. Minnie Schrader.

Address: 2 E. Maple Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 6, 1940 (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: Baltimore, Md.

18. Funeral director: John Ullrich

Address: 2008 Orleans St.

19. 4/5 1940 (Date rec'd by registrar) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1940, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1940, to April 4 1940, and that I last saw him alive on April 4 1940

Immediate cause of death: Angina Pectoris myocarditis

Due to: Causes of stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: not operated

Of autopsy: no

DURATION: 48 hrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred L. Zimmerman M. D. or other

Address 2858 Harford Ave Date signed 4/5/40

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MAY 4 1940
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STATE OF MARYLAND—CERTIFICATE OF DEATH

04004

1. PLACE OF DEATH (110-a)

County Balto Registration Dist. No. 40

Village or City Bradshaw No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William E Mac Auley

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED~~, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 32 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unemployed

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Bruce G Mac Auley

14. BIRTHPLACE (city or town) (State or country): ~~Md~~ Penn.

MOTHER

15. MAIDEN NAME: M Alice Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Bruce G Mac Auley

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Cemetery Date Apr 12, 1940

19. UNDERTAKER (Address): David Davidson Upper Falls

20. FILED 4-10-40, 19 W M Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 9, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw him alive on April 9, 1940; death is said to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pyorrhea Infection followed after extraction of Teeth, Empyema of Left Lung.	4-7-40
Other Contributory Causes of importance:	
Chronic Arthritis	10 yrs

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Walter M Hammett M. D.

(Address) Baldwin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04005

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 43

Village or City No. Joppa Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? 75 yrs. ___ mos. ___ ds.

2. FULL NAME Mary B. Manning

(a) Residence: No. Joppa Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Manning

6. DATE OF BIRTH (month, day, and year) Nov. 30, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
85	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME George Wagner

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) " " (State or country)

17. INFORMANT John Manning (Address) 118 Stengle Ave Dundalk

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date April 10, 1940

19. UNDERTAKER Clarence F. Hoffmann (Address) 2723 E. Preston St.

20. FILED 4/9, 1940 Mrs. G. A. Fritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 8 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1940, to April 8, 1940

I last saw her alive on April 7, 1940; death is said to have occurred on the date stated above, at 12.15 m. A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other Contributory Causes of Importance:

Senility

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) J. H. Goodman M. D.

(Address) 3 Yon E. Baltimore St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Goodman

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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APR 15 1940
BUREAU OF V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04006

(93-d)

1. PLACE OF DEATH

County Baltimore Beechwood Nursing Home Registration Dist. No. 30

Village or City Catonsville No. 1300 Frederick Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 6 mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Daniel McElroy If U. S. Veteran, specify WAR

(a) Residence: No. 3314 Elmora Ave St., Ward. Social Security No.: 215-01-9334

(Usual place of abode) Baltimore, Md If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine (Boshheimer)

6. DATE OF BIRTH (month, day, and year) June 2, 1877

7. AGE Years 62 Months 10 Days 10 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Packer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Candy Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John McElroy

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabell McKelvey

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs Isabell Dougherty (Address) 1803 Barclay St (Baltimore)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Western Cemetery Date April 15, 1940

19. UNDERTAKER Harry H Witzke (Address) 4101 Elmondson Ave

20. FILED 4/15, 1940 H L Andrews Registrar. Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 6, 1940, to April, 12, 1940

I last saw him alive on April, 10, 1940; death is said to have occurred on the date stated above, at 6:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterial Hypertension.	Year
Chr. Myocarditis.....	years.
ANGINA PECTORIS.....	3 month

Other Contributory Causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No. Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) S. Lloyd Johnson M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

04047

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Della, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Della Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Marian Mellot

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Albert J. Mellot Sr.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 7, 1866

8. AGE:

Years	Months	Days	If less than one day
73	8	3	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Retired

FATHER
12. Name: John W. Hogan
13. Birthplace: Della Md.

MOTHER
14. Maiden name: Sylvia A. Weeks
15. Birthplace: Hyperville Md.

16. Informant: Miss Mellot
Address: Della Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof Apr. 8, 1940 (month) (day) (year)
Cemetery or crematory: St Johns Cemetery
Location: St. Johns Lane Howard Co.
18. Funeral director: Easton Sons
Address: Ellicott City, Md.

19. 4/8/40 (Date rec'd by registrar) 19 [illegible] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5, 1940, at 8:57 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-6 1940, to 4-5 1940, and that I last saw her alive on 4-5 1940.

Immediate cause of death	DURATION
Hypertensive Cardio-Vascular Renal Disease	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George E. Burton M.D.
M. D. or other
Address: Ellicott City Date signed 4-6-40

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MAY 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04008

1. PLACE OF DEATH (92C)

County Baltimore Registration Dist. No. 30

Village or City Catonville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph F. Michael. If U.S. Veteran specify WAR

(a) Residence: No. Johnny Cake Rd & Kent Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Labour.

10. Data deceased last worked at this occupation (month and year) 1899

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME David Michael

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Francis ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Cleatus Michael (Address) Johnny Cake Rd & Kent Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date April 11, 1940

19. UNDERTAKER Chenowith & Donovan (Address) 3615-17 Chestnut Ave

20. FILED 4/9, 1940 B. L. Sugleman Registrar. Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 9, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1940, to April 9, 1940

I last saw him alive on April 8, 1940; death is said to have occurred on the date stated above, at 6.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	4/1/40
Mitral Regurgitation	1910

Other Contributory Causes of importance:

Acute Upper Respiratory Infection	3/25/40

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilmer K. Gallager M. D.

(Address) 6209 Frederick Rd, Catonsville

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAY 2 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH:

County Baltimore

City or town Parkton, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME M. Estelle Miller

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1871

8. AGE: Years 68 Months 11 Days 20 If less than one day hrs. min.

9. Birthplace Wiseburg, Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John R. Miller
13. Birthplace Wiseburg

MOTHER
14. Maiden name Anna Mary Frederick
15. Birthplace Parkton

16. Informant Mrs. E. A. Bernard
Address White Hall, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof April 23-40
(month) (day) (year)

Cemetery or crematory Wiseburg

Location White Hall Md

18. Funeral director P. Mackleeson
Address White Hall Md

19. April 21 1940 Eugene F Alban Dept Loc Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 20 1940, at 1 30/a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 1936, to Apr. 20 1940, and that I last saw her alive on Apr. 20 1940.

Immediate cause of death Chronic myocarditis

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. M. France
M. D. or other

Address Parkton, Md Date signed 4/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 2 1910
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

04010 30

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 134 Newberg Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Feb 1937

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Balto
City or town Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 134 Newberg. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Mitchell

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed.

6 (b) Name of husband or wife James D. Mitchell
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 - 1861

8. AGE:

Years	Months	Days	If less than one day
78	8	30	hrs. min.

9. Birthplace Baltimore City, Md. (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Laundry

FATHER
12. Name Charles Wesley Bartlett
13. Birthplace Baltimore Md.

MOTHER
14. Maiden name Margaret Penny
15. Birthplace Baltimore Md.

16. Informant Mrs Naoma M. Walker
Address 134 Newberg ave Catonsville

17. Burial (Burial, cremation, or removal: Which?) Date thereof Apl 9, 1940 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Balto. Md.

18. Funeral director Robert L. Little
Address 2705 Edmondson Ave

19. 4/4/40 (Date received by registrar) (19) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 6 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1937 to Apr 6 1940, and that I last saw her alive on Apr 6 1940.

Immediate cause of death Chron. Myocarditis DURATION 3 yrs

Due to Parkinsons Disease 3 yrs

Due to Senility " "

Other conditions Decubitus Ulcer 1 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B B Brumbaugh M. D. or other
Address Elkridge Md Date signed 4/6/40

RECEIVED
MAY 2 1940
BUREAU V.S.

Burial Cert.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04011

1. PLACE OF DEATH (8)

County Balto Registration Dist. No. 33

Village or City Reisterstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Boly Mummert If U. S. Veteran, specify WAR ✓

(a) Residence: No. Reisterstown St., Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Boly

6. DATE OF BIRTH (month, day, and year) Apr. 19, 1940

7. AGE Years Still Born 1940 Months April Days 14 If LESS than 1 day ✓ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Boy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Data deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Reisterstown Balto Co (State or country)

FATHER

13. NAME Harry Mummert

14. BIRTHPLACE (city or town) Pa (State or country)

MOTHER

15. MAIDEN NAME Mable Brown

16. BIRTHPLACE (city or town) Balto Co (State or country)

17. INFORMANT Harry Mummert (Address) Reisterstown

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Al Lamb Date April 19, 1940

19. UNDERTAKER Father Reisterstown (Address)

20. FILED 4/19/, 1940 L. Forrest Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 19th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1940 to April 19, 1940

I last saw h alive on Still Born 19 ✓; death is said to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still Born	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Forrest Mills M. D.

(Address) Reisterstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 2 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (74a)

CERTIFICATE OF DEATH

04012

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Cockeysville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Cockeysville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Arthur Joseph Munson

3. (b) Social Security Number: 214-18-0843

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife: Helen Tobiason

(c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.): June 4- 1900 1900

8. AGE: Years: 39 (39) Months: 10 Days: 21 If less than one day: hrs. min.

9. Birthplace: Brooklyn, New York

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Williamson Veneers

FATHER 12. Name: Joseph Munson

FATHER 13. Birthplace: Canada

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace:

16. Informant: Mrs. Arthur J. Munson

Address: Cockeysville, Md.

17. (Burial, cremation, or removal. Which?): Burial Date thereof (month) (day) (year): April 27-40

Cemetery or crematory: Jessops Cemetery

Location: Cockeysville, Md.

18. Funeral director: Landon M. Brooks

Address: Sparks, Md.

19. (Date rec'd by registrar): Apr. 25 19 40 Wilmer C. Ensor, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 19 40 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 40 to Apr. 25 19 40 and that I last saw him alive on April 25 19 40

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Acute Endocarditis	1 mo.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert H. Rives M. D. or other

Address: Cockeysville, Md. Date signed: 4/25/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1940
BUREAU V. S.

04013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Sollers Pt Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Hassig Nichols

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Edw Nichols

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 10th 1885

8. AGE: Years: 55 Months: 2 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: New Martinsville W Va
(Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER
12. Name: — Hassig
13. Birthplace: W Va

MOTHER
14. Maiden name: Dont know
15. Birthplace: "

18. Informant: Ray Nichols

Address: Box 53 Route 3 Dundalk

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Apr 28 (month) (day) (year)

Cemetery or crematory: New Martinsville

Location: W Va

18. Funeral director: John Ullrich

Address: 2008 Orleans

19. April 27 1940 (Date rec'd by registrar) Milton Mc Munson Local Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27th 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1938, to April 27 1940, and that I last saw her alive on April 26 1940.

Immediate cause of death: Carcinoma of Uterus — DURATION: 1½ yrs.

Due to: —

Due to: —

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A W Reier Md. M. D. or other

Address: Dundalk, Md. Date signed: 4/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04014

13-C

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 7 mos., 3 days

Stay in this community (yrs., or mos., or days): 7 mos., 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Randallstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Orr W. Nickell

3. (b) Social Security Number: ~~None~~ 220-07-0091

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Edna Nickell

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): July 9, 1890

8. AGE: Years	Months	Days	If less than one day
49	8	27	____ hrs. ____ min.

9. Birthplace: Pickaway, West Virginia
(Town, county, and state)

10. Usual occupation: Attendant

11. Industry or business: Service Station

FATHER — 12. Name: Porter Nickell

FATHER — 13. Birthplace: West Virginia

MOTHER — 14. Maiden name: Mary Boyd

MOTHER — 15. Birthplace: West Virginia

16. Informant: J. Frank Spalding

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9, 1940 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery

Location: Woodlawn, Baltimore Co., Md.

18. Funeral director: B. C. Harle

Address: 121 E. West St., Baltimore, Md.

19. Apr. 6, 1940 (Date rec'd by registrar)

J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6, 1940, at 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3, 1939, to April 6, 1940, and that I last saw h-im alive on April 6, 1940

Immediate cause of death	OURATION
Pulmonary Tuberculosis	1 yr. 7 mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.

Address: Mt. Wilson, Md. Date signed: 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04015

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto
City or town: Lansdowne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~: 273 Clyde Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Lansdown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 273 Clyde Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Melvin Stowell Oden

3. (b) Social Security Number: 215-01-4686

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Willie Harriet Oden

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 15th 1880

8. AGE: Years	Months	Days	If less than one day
59	11	29	hrs. min.

9. Birthplace: Laurel Md
(Town, county, and state)

10. Usual occupation: Granite Cutter

11. Industry or business: Stone

FATHER
12. Name: Henry Stowell Oden
13. Birthplace: Frederick Md.

MOTHER
14. Maiden name: Josephine Harding
15. Birthplace: Prince George Co. Md

16. Informant: Mrs. Willie H. Oden
Address: 273 Clyde Ave - Lansdowne Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 4/17/40 (month) (day) (year)
Cemetery ~~or crematory~~: London Park
Location: Balto Md

18. Funeral director: William Cook
Address: 1217 St. Paul St

19. Apr 15 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14th 1940, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from SEPT 20 1937, to APRIL 13 1940, and that I last saw him alive on APRIL 13 1940.

Immediate cause of death	DURATION
CORONARY THROMBOSIS	2 DAYS
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: NONE
Of autopsy: NONE

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Edward F. Milan M.D.
M. D. or other
Address: 687 WASHINGTON BLVD BALTIMORE MD Date signed 3-14-40

RECEIVED
APR 22 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

04016

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore

City or town Halethrope (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Blvd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Halethrope Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington Blvd (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Sophia C Odensos

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1876

8. AGE: Years 63 Months 6 Days If less than one day hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation School Teacher Retired

11. Industry or business

FATHER 12. Name Jacob H Odensos

13. Birthplace Germany

MOTHER 14. Maiden name Minnie Gross

15. Birthplace Germany

16. Informant Harry Odensos

Address Halethrope Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 5 1940 (month) (day) (year)

Cemetery or crematory Lorraine

Location Woodlawn Md

18. Funeral director William Cook

Address 1217 St Paul St

19. April 4 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26, 1940, to April 3 1940, and that I last saw her alive on April 3 1940.

Immediate cause of death Cirrhosis of Liver Malignancy of Uterus as above

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No autopsy performed

DURATION 1 year

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel S. Shanahan M.D. M. D. or other

Address 1945 N. Balto St Date signed 4-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

04017

Reg. Dist. No. 39

1. PLACE OF DEATH:

County Baltimore

City or town Monkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Monkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charles E. Pearce

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 15 1852

8. AGE:

Years	Months	Days	If less than one day
58	2	8	____ hrs. ____ min.

9. Birthplace Monkton Balto. Co., Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas M. Pearce
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden name Carrie Sparks
15. Birthplace Balto. Co. Md.

16. Informant Warner P. Pearce

Address Monkton, Balto. Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 25 1940 (month) (day) (year)

Cemetery or crematory St. James

Location Monkton, Balto. Co. Md.

18. Funeral director Landon M. Brooks

Address Sparks, Md.

19. April 24 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__;

~~and that I last saw him~~ alive on ____ 19__.

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy Yes

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE W. T. O'Mose Deputy M Ex
M. D. or other

Address Parkton Md Date signed 4-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-B)

CERTIFICATE OF DEATH

04018

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ---

Stay in hospital or Inst. (yrs., or mos., or days) --

Stay in this community (yrs., or mos., or days) 15 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. St Luke's Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Charles Marion Perrigoy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife E. Louise Perrigoy

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 14th 1892

8. AGE: Years	Months	Days	If less than one day
47	8	28	____ hrs. ____ min.

9. Birthplace Woodlawn, Baltimore County, Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name John Perrigoy

13. Birthplace Baltimore County, Md.

MOTHER 14. Maiden name Julia A. Smith

15. Birthplace Baltim ore County, Md.

16. Informant Mrs. E. Louise Perrigoy

Address R.F.D.#1 Woodlawn, Balto Co., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15-1940 (month) (day) (year)

Cemetery or crematory Woodlawn

Location Woodlawn-Balto Co., Md.

18. Funeral director Wm. J. Tickner & Sons.

Address North & Penna Aves-Balto, Md.

19. April 13 1940 (Date rec'd by registrar) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 12 1940, at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1939, to Apr 12 1940, and that I last saw h- alive on Apr 11 1940.

	DURATION
Immediate cause of death Uremic Convulsion	2 days
Due to Carcinoma of Bladder	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Bladder

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

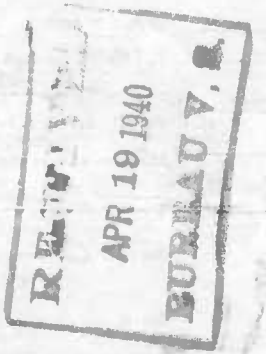
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE C. C. Smith M. D. or other

Address 4009 Liberty Hgts Date signed Apr 13



Dr. A. C. Smink
4509 Liberty Heights Ave.,

STATE OF MARYLAND—CERTIFICATE OF DEATH

04019

1. PLACE OF DEATH (124P)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie V. Porter If U. S. Veteran, specify WAR

(a) Residence: No. ~~Opitz Home~~ St. Ward

(Usual place of abode) 1205 W. Fayette St. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Porter

6. DATE OF BIRTH (month, day, and year): Jan. 14 - 1862

7. AGE: Years 78 Months 3 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home Duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester Co Md.

FATHER

13. NAME: Henry Burnes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Adron

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): James F. Porter 1919 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Date: April 22, 1940

19. UNDERTAKER (Address): Mamie Cook Eyfer 1600 W. North Ave

20. FILED: 1/20, 1940 [signature] Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 18 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1940, to Apr 18, 1940

I last saw her alive on Apr 18, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dilatation of heart	1 Day

Other Contributory Causes of Importance:

Cirrhosis of Liver (non alcoholic)	Indef

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. E. L. Campbell M. D.

(Address) 1644 Hanover St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 40

04020

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Gittings Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Quickly

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife Georgie E Quickly

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-25-1874

8. AGE: Years 66 | Months | Days 2 | If less than one day hr. min.

9. Birthplace Quickleyville Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Quickley
13. Birthplace Md

MOTHER
14. Maiden Name Emma Cromwell
15. Birthplace Md

16 (a) Informant Georgie E Quickley
(b) Address Gittings Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Long Green Md

18 (a) Funeral director Mrs Frances A Hemsley
(b) Address 578 W Biddle St

19 (a) 4-29-40 (Date rec'd by registrar) (b) W M Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death April 28th 1940, at 11-P M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .~~

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. O'Myer Dep'y M Tex
M. D. or other
Address Pycesville Md Date signed 4-29-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

04021

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: BALTIMORE

City or town: ARBUTUS
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: .....

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: BALTIMORE

City or town: ARBUTUS Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: MAPEL & HIGHVIEW AVE'S
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: MR. JEFFERSON A. READMOND

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Alice M. Readmond

6(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 6. 1890

8. AGE: Years	Months	Days	If less than one day
49	7	..	..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Builder

11. Industry or business: Construction Business

FATHER
12. Name: Jefferson I. Readmond
13. Birthplace: St. Marys Co. Maryland

MOTHER
14. Maiden name: Mammie Clark
15. Birthplace: St. Marys Co. Maryland

16. Informant: Mrs. Alice M. Readmond
Address: Mapel & Highview Ave's

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 9, 1940 (month) (day) (year)

Cemetery or crematory: New Cathederal Cem

Location: Baltimore Maryland

18. Funeral director: C. F. B. Wippert & Son

Address: 1300 Eutaw Place

19. April 8 1940 Rev Kieffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1939 to Apr. 5 1940, and that I last saw him alive on Apr 5 1940.

Immediate cause of death	DURATION
Coronary thrombosis	
Due to Valvular defect (regitation)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public piece (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: H. H. Stansbury M. D. or other

Address: 714 Park Ave. Date signed 4/8/40

DR. STANSBURY

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-01)

04022

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
County Baltimore
City or town Lansdowne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 288 Hammonds Ferry Road.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 39 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Lansdowne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 288 Hammonds Ferry Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob Henry Reinhardt.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary Louise Hubley Reinhardt

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 19, 1866

8. AGE: Years 73 | Months 9 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace New York New York. (Town, county, and state)

10. Usual occupation Retired Postmaster.

11. Industry or business

FATHER 12. Name George Reinhardt.
13. Birthplace Germany

MOTHER 14. Maiden name Dora Lutsch
15. Birthplace Germany.

16. Informant Norman Reinhardt.
Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 27, 1940 (month) (day) (year)
Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18. Funeral director Easton Sons
Address Ellicott City.

19. Apr 26 1940 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1940, at 1045 P M

I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20th 1940 to April 24th 1940

and that I last saw him alive on April 24th 1940

Immediate cause of death Coronary Thrombosis — DURATION

Due to

Due to

Other conditions: Hypertension; Chronic Myocarditis; Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Vernon E. Spitznagle M. D. or other

Address Lansdowne Md. Date signed

VERNON E. SPITZNAGLE

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04023

1. PLACE OF DEATH (50)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Kenwood Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lucy George Roberts If U. S. Veteran, specify WAR

(a) Residence: No. Kenwood Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 15 1886

7. AGE Years 53 Months 5 Days 10 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Benson R Roberts

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Emma J Sellers

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Mrs J Hallett Pittsburg Pa

~~18. BURIAL, CREMATION, OR REMOVAL~~

Place Lawton Park Date 4/29, 1940

19. UNDERTAKER (Address) Geo A Farley Catonsville Md

20. FILED 4/27, 1940 [signature] Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1940, to Apr 25, 1940

I last saw her alive on Apr 25, 1940; death is said to have occurred on the date stated above, at 10 30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1935
Skeletal Metastasis	2 yrs

Other Contributory Causes of importance:

Name of operation Amp. of Breast Date of 1935

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James Howell M. D.

(Address) Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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MAY 2 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04024

1. PLACE OF DEATH (940)

County Baltimore Co. Registration Dist. No. 39

Village or City Manston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Dorsey Robinson If U. S. Veteran, specify WAR

(a) Residence: No. Manston Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conway Robinson

6. DATE OF BIRTH (month, day, and year) July 10. 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	10	

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home duties

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceased last worked at this occupation (month end yaar)

11. Total time (years) spent in this occupatiqn

12. BIRTHPLACE (city or town) Baltimore (Stata or country) Md

FATHER

13. NAME Daniel B. Dorsey

14. BIRTHPLACE (city or town) Md. (Stata or country)

MOTHER

15. MAIDEN NAME Elizabeth Whitelock

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Conway Robinson (Address) Manston Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 11, 19 40

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place Balto. Md.

20. FILED April 24, 1940 Anna P. Sieg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attendad daceased from Sept, 19 39, to Apr. 20, 19 40

I last saw h- alive on Apr. 18, 19 40; death is said to hava occurred on the date stated above, at 11½ m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Coronary occlusion	4/20
Other Contributory Causes of importance: Chronic myocarditis	
Hypertension	

Name of operation None Data of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Ln. France M. D.

(Address) Parkton, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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MAY 8 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

04025

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore Co

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 16 Fusting ave Carters Sanitarium

Stay in hospital or inst. (yrs., or mos., or days): 2 Mos

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dun Lick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2907 Dunbar Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ella Rogers

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 24 th 1874

8. AGE:

Years	Months	Days	If less than one day
65	11	12	hrs. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Joseph Rogers
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Mary Bowen
15. Birthplace: Baltimore Md

16. Informant: Mrs Wilker Shelly

Address: 4801 Crowson Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 15 th (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Baltimore Md

18. Funeral director: John Ullrich

Address: 2008 Orleans st

19. 4/14 1940 (Date rec'd by registrar) L. H. Andreae Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13 th 1940, at 1.30 ma

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 26 1940 to April 13 1940, and that I last saw her alive on April 12 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 7 wks.

Due to: Arteriosclerosis + hypertension — 10 yrs.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wilmer K. Gallagher M.D. M. D. or other

Address: Catonsville, Md. Date signed: 4/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 2 1940
BUREAU V. S.

04026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-L)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Fowblesburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Fowblesburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie I Rohrbaugh

3. (b) Social Security Number —

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or ~~wife~~ Henry Rohrbaugh
6(c) If alive, give age 81 years
7. Birth date of deceased (mo., day, yr.) March 6 - 1857
8. AGE: Years 83 Months — Days 29 If less than one day ___ hrs. ___ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name E Lewis Fowble
13. Birthplace Maryland
MOTHER 14. Maiden name Cecelia Suhrns.
15. Birthplace Maryland
16. Informant Henry Rohrbaugh
Address Reisterstown Md. R D
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 7/1940 (month) (day) (year)
Cemetery or crematory Emory.
Location Near Fowblesburg Md
18. Funeral director Edw C Tipton
Address Hampstead Md
19. April 6 1940 (Date rec'd by registrar) J. Frank Mellrath Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5/1940, at 4:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/1932 to 4/5/1940, and that I last saw her alive on 4/5/40
Immediate cause of death Myocarditis - chronic
Due to Hypertension
Due to chronic nephritis
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings: ✓
Of operations
Of autopsy ✓

DURATION 4 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE James G Saffell M. D. or other
Address Reisterstown, Md Date signed 4/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

RECEIVED
MAY 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50) Reg. Dist. No. 32

CERTIFICATE OF DEATH

04027

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 15 Old Court Road - Pikesville, Md

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Pikesville Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 15 Old Court Rd. Pikesville (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Theodora Maywood Ryland

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife George W. Ryland

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Mar. 27 1882

8. AGE: Years 58 | Months — | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Berlin, Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home

FATHER 12. Name Thomas Buttingham

13. Birthplace Eastern Shore, Maryland

MOTHER 14. Maiden Name Not Known

15. Birthplace

16 (a) Informant George W. Ryland (Husband)

(b) Address Pikesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md

18 (a) Funeral director Frank H. Mewes

(b) Address Pikesville, Md

19 (a) April 12 (Date rec'd by registrar) (b) 40 E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death April 10th 1940, at 8.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1939 to April 10th 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death	Duration
Metastatic Carcinoma of Lungs	6 mos.
Due to Carcinoma of Breast.	3 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Breast 1937

Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James A. Mallon M.D. (M. D. or other)

Address Pikesville, Md Date signed 4/14/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-L)

04028

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Sparrows Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
619 E Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Sparrow Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 619 E street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Emma M Schaal

3. (b) Social Security Number
none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Robert J.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6 1852

8. AGE: Years	Months	Days	If less than one day
82	1	24	hrs. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Housework at home

11. Industry or business

FATHER 12. Name Dont Know

13. Birthplace Germany

MOTHER 14. Maiden name Dont Know

15. Birthplace Germany

16. Informant Mrs Martha E Babel

Address 619 E 2d St.

17. Burial Date thereof May 3 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Lawn

Location Eastern Ave

18. Funeral director William M Mareck

Address 715 Light St

19. May 1- 1940 Dawson L Harbo
(Date rec'd by registrar) Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 930 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1940, to April 30 1940, and that I last saw her alive on April 30 1940.

	DURATION
Immediate cause of death Myocardial infarction	7 weeks
Due to Arteriosclerosis	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank C Eldred
M. D. or other

Address 502 C St Date signed 5-1-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 04029

CERTIFICATE OF DEATH

83

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 1223 N. 63rd St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 N. 63rd St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Christian Schafer

3 (b) If veteran, name war ____

3 (c) Social Security No. 214-01-4395

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dora L. Schafer

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 28-1876

8. **AGE:** Years 64 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Standard Oil Co

FATHER
12. Name Frederick Schafer
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Gardner
15. Birthplace Germany

16 (a) Informant Mrs Dora L. Schafer
(b) Address 1223 N. 63rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md

18 (a) Funeral director John Cellers
(b) Address 2008 Orleans St

19 (a) 4-30-40 (Date rec'd by registrar) (b) John F. Connolly Registrar

MEDICAL CERTIFICATION

20. Dste of death April 28 1940, at 9:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to April 28 1940, and that I last saw him alive on April 28 1940.

Immediate cause of death	Duration
Arterio-Sclerotic Cardio-Vascular Disease	
Due to	
Due to	
Other conditions Chronic Bronchitis Osteo-arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** J. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 4/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

04030

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore Co.
City or town: Towson Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 24 Allegheny Ave (Home)
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 23 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore Co.
City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 24 Allegheny Ave
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John C. Schmidt

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret E. Kane Schmidt
6(c) If alive, give age: 69 years
7. Birth date of deceased (mo., day, yr.): Jan. 17th, 1876
8. AGE: Years: 73 Months: 2 Days: 18 If less than one day: ____ hrs. ____ min.
9. Birthplace: Sunny Brook Baltimore Co. (Town, county, and state)
10. Usual occupation: Retired Police
11. Industry or business: Baltimore Co. Police Dept.
FATHER 12. Name: Christian Schmidt
13. Birthplace: Germany
MOTHER 14. Maiden name: Marie Fleck
15. Birthplace: Germany
16. Informant: Mrs. Margaret E. Schmidt
Address: 24 Allegheny Ave Towson
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 8th 1940 (month) (day) (year)
Cemetery or crematory: Mt. Marian Cemetery
Location: York Road Towson Md
18. Funeral director: Elmer W. Conklin & Son
Address: 924 E. Eager St Balto Md
19. Apr 6 19 40 H. L. Worrell Asst Supt
(Date rec'd by registrar) Deputy Asst Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4th 1940, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1935, to April 4th 1940, and that I last saw him alive on April 4th 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis	yrs.
Due to: Degeneration Myocardium	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 2-27-40 - Acute Gangrenous Appendicitis
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert W. Allison M. D. or other
Address: 4 Building Dr. Towson, Md. Date signed: 4-5-40

RECEIVED
MAY 4 1940
BUREAU V. S.

04031

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Arbutus
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Linden Ave.& Sulphur Spring

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 62 Yearse

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Linden Ave.&Sulphur Spring Rd. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Arbutus
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. MARY E. SCHMIDT

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John Schmidt

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 30, 1861.

8. AGE: Years	Months	Days	It less than one day
78	10	28	____ hrs. ____ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Abraham Spillner
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mr. Valentine Schmidt

Address: Linden & Sulphur Spring Rd.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May. 1.1940
(month) (day) (year)

Cemetery or crematory: Loudom Park Cemetery

Location: Baltimore, Maryland

18. Funeral director: F. B. Wippert & Sons

Address: 1300 EUTAW PLACE.....c.

19. April 30 1940 (Date rec'd by registrar) Geo M Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28, 1940 19__, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940 to Apr 28 1940, and that I last saw her alive on April 28 1940.

Immediate cause of death	DURATION
(1) Myocardial failure.	10 hrs.
Due to (3) Cardio-Renal Vascular disease.	10 yrs.
Due to (2) Thrombosis of Both Iliac Vessels.	10 days
Other conditions (5) Uremia	3 days
(4) Pneumonia Lobar,	14 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of:

Where did injury occur? no
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): no

Means of injury: Injured at work?

23. SIGNATURE: James W. Nelson M. D. or other

Address: 1120 St Paul St. Date signed: Apr. 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-1)

04032

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 16 Fusting Av Carlos Sanitarium

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville # Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 16 Fusting Av

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lena Schoenrich

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Carl C. Schoenrich

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug 12 - 1853

8. AGE: Years 86 Months 8 Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: —

11. Industry or business:

FATHER
12. Name: John Fuck
13. Birthplace: Germany

MOTHER
14. Maiden name: Zehner
15. Birthplace: Germany

16. Informant: Dr. H. Schoenrich

Address: 111 E. Preston St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 22/40 (month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore City

18. Funeral director: F. B. Wippert Son

Address: 1300 Eutaw Place

19. 21 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 1940, at 6.20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 22 1939, to April 19 1940, and that I last saw her alive on the 18th April 1940.

Immediate cause of death: arteriosclerosis of the heart

Due to: generalized arteriosclerosis + debility

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Herbert Schoenrich M. D. or other

Address: 111 E. Preston St Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 9 1910
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

04033

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4 Township Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: James Crawford Seeley

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eda M Seeley

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Dec 29/1865

8. AGE: Years: 74 Months: 3 Days: 23 If less than one day: hrs. min.

9. Birthplace: Nova Scotia
(Town, county, and state)

10. Usual occupation: Metal Worker

11. Industry or business: Sheet Metal

FATHER
12. Name: Chas Sheeley
13. Birthplace: N C

MOTHER
14. Maiden name: Mary Gallagher
15. Birthplace: N C

16. Informant: Mrs Eda Sheeley
Address: 4 Township

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Apr. 24, 1940 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Colgate Md.

18. Funeral director: John Ulbrich

Address: 2008 Orleans St

19. 4/23 1940 (Date rec'd by registrar) Milton Monnelson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21, 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 1940, to April 21 1940, and that I last saw him alive on April 21 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 6 hours

Due to

Due to

Other conditions: Arterio-sclerosis unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: A.W. Reier M.D.
M. D. or other

Address: Dundalk Md. Date signed: 4.22.40

[illegible]

RECEIVED
NOV 6 1940
BUREAU T. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

04034

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove, State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7 weeks

Stay in this community (yrs., or mos., or days): 7 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: unknown (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank Shadrick

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 1, 1878 (?)

8. AGE: Years	Months	Days	If less than one day
62?	3?	8?	hrs. min.

9. Birthplace: Maryland (?) (Town, county, and state)

10. Usual occupation: Baker

11. Industry or business

FATHER 12. Name: William Shadrick

13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary C. ?

15. Birthplace: Maryland

16. Informant: Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/13/40 (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: Baltimore, Md.

18. Funeral director: John C. Miller Inc

Address: 2436 C Olives St

19. 4/11/40 (Date rec'd by registrar) H. L. Anderson Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 9, 1940, at 4:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 14, 1940, to April 9, 1940, and that I last saw him alive on April 9, 1940.

Immediate cause of death	DURATION
Septicemia	April 3, 194
Due to Rectoischial abscess	April 1, 1940
Due to Chronic myocarditis	Before 1940
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	Before 1940

Major findings:

Of operations: None

Of autopsy: As stated above

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): None

Means of injury: None Injured at work?

23. SIGNATURE: Dr Else Pappenheim

Else Pappenheim M. D. or other

Address: Spring Grove Hospital Date signed 4/9/40

RECEIVED
MAY 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (129)

CERTIFICATE OF DEATH

Reg. Dist. No. 30 04035

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 mths, 7 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 701 Market Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: --

3. (a) FULL NAME: James Shoff

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: unknown

6(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): February 14, 1870

8. AGE: Years: 70 Months: 1 Days: 24 If less than one day: hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: factory

FATHER
12. Name: Henry Shoff
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Sarah Markel
15. Birthplace: Pennsylvania

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 13 - 1940 (month) (day) (year)

Cemetery or crematory: Havre de Grace Cem

Location: Havre-de Grace Md

18. Funeral director: Pennington & Son

Address: Havre de Grace Md

19. 4/11 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10 1940, at 11:38 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 3 1939, to April 10 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death: Myocardial insufficiency — DURATION: bef. 10-3-39

Due to: Combined heart failure — " " "

Due to: General polyserositis and oedema — " " "

Other conditions: Cerebral arteriosclerosis — " " "

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: see above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Else Pappenheim M. D. or other

Address: Spring Grove St. Hosp. Catonsville, Maryland Date signed: 4-10-40

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 38

CERTIFICATE OF DEATH

04036

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
7903 Old Harford Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7903 Old Harford Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Catherine Simon

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Peter N. Simon

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb. 8th, 1879

8. AGE: Years 61 | Months 2 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Reese
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Leonard Menninger
(b) Address 6902 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Taylor Ave.

18 (a) Funeral director Loveless Funeral Home
(b) Address 7401 Belair Road

19 (a) 4/16/40 (Date rec'd by registrar) (b) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to April 15 1940, and that I last saw him alive on April 15 1940.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Arteriosclerotic Cardio-Vascular Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Baumgardner M. D. or other

Address Govedale Md Date signed 9/16/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1940
BUREAU OF S...

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04037

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(56-L)

County Baltimore — Registration Dist. No. 44

Village or City Colgate — No. 511 North Point Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Duncan Sinclair (alias John Kelly) If U. S. Veteran, specify WAR ____

(a) Residence: No. 511 North Point Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	White	married.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emma M. Sinclair

6. DATE OF BIRTH (month, day, end yeer): Aug. 29-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	48	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Steel Worker

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.: Beth Steel Co.

10. Date deceased last worked et this occupation (month end year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: Neal Sinclair

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Mary Anderson

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Mrs. Emma M. Sinclair

(Address) 511 North Point Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland. Date: 4-8-1940

19. UNDERTAKER: John G. Connelly

(Address) Essex Md.

20. FILED 4-7-, 1940 John G. Connelly

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to April, 1940

I last saw him alive on April 3, 1940; death is said to heve occurred on the dete stated above, at 7 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Brain Tumor; meningioma.	Jan. 1939
Left Hemiplegia cur&R.	Sept. 1939
Benign; meningioma.	
Midline Fronto-parietal vault.	

Other **Contributory Causes** of importance:

Name of operation: Cranial Exploration Date of: July 1939

What test confirmed diegnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Mark Hollander M. D.

(Address) 9 Overdale Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

04038

Reg. Dist. No. 4

1. PLACE OF DEATH: Balto.

County

City or town Rosedale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Rosedale Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hamilton Ave & 34th st.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Mowell Smith

3. (b) Social Security Number 215-10-9284

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife Lillian Smith

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1875

8. AGE: Years 65 | Months 0 | Days 23 | If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Engineer Stationary

11. Industry or business

FATHER

12. Name Andrew J. Smith

13. Birthplace Md.

MOTHER

14. Maiden name Mary Merrymann

15. Birthplace Md.

16. Informant Lillian Smith

Address Hamilton Ave & 34th (Rosedale)

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 10 40 (month) (day) (year)

Cemetery or crematory Greenwood

Location Chicago Ill.

18. Funeral director Philip Herwig Sons

Address 2016 Orleans St

19. 4/8 1941 (Date rec'd by registrar) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1940, at 11-30 am.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~19 , to 19~~

~~and that I last saw h alive on 19~~

Immediate cause of death Coronary thrombosis

Due to free dead in yard

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. G. E. Myse Defy M Ex M. D. or other

Address Gyrisville Md Date signed 4.7.40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

CERTIFICATE OF DEATH

04039

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Middle River (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in this community (yrs., mos., or days) 0

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balt.

(c) City or town Middle River.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Stachowski

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex m

5. Color or race wt

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 - 1940

8. AGE: Years | Months | Days | If less than one day

Still born premature hr. min.

9. Birthplace Middle River, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles Anthony Stachowski.
13. Birthplace Baltimore.

MOTHER
14. Maiden Name Elsie Mary Kochanowski
15. Birthplace Baltimore.

16 (a) Informant C. A. Stachowski.
(b) Address Middle River.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cemetery

Location Freeman Hill Rd. Balto Co

18 (a) Funeral director James J Bruedernek

(b) Address 3110 Elliott St

19 (a) 4-23-40 (Date rec'd by registrar) (b) John S. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death April 21 1940, at 3-4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Stillborn premature

Due to 4 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Richard S. Owens M.D.
M. D. or other

Address Raspeburg Md Date signed 4-22-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1940
BUREAU V. S.

04040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164C)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto

City or town: Brayside
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 718 Brayside ave

Stay in hospital or Insf. (yrs., or mos., or days): 3 mos

Stay in this community (yrs., or mos., or days): 3 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Brayside Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 718 Brayside ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Wm Steinmetz

3. (b) Social Security Number: 705-05-7442

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Marie Steinmetz

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Mch. 27 1894

8. AGE: Years: 46 Months: – Days: 24 If less than one day: hrs. min.

9. Birthplace: Nash Dea
(Town, county, and state)

10. Usual occupation: Draftsman

11. Industry or business: B+O. RR

FATHER
12. Name: Rinehardt Steinmetz
13. Birthplace: Germany

MOTHER
14. Maiden name: Pauline Smahl
15. Birthplace: Germany

16. Informant: Marie Steinmetz

Address: 718 Brayside Ave

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: April 24. 1940
(month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Balto. Co. Md.

18. Funeral director: Wm J. Tickner & Sons

Address: Morth & Pag Aves.

19. 4/23 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1940, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,

and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Gun shot wound in head

Due to: Pistol

Due to: self inflicted

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: suicide Date of: April 21 40

Where did injury occur? Brayside (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Geo M Kieffer Exam. Dep. Med. of Balto Co.
M. D. or other

Address: 1010 Leeds ave Date signed: 4-21-40

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

04041

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County

City or town 11 Dr Bay Ave Dundalk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nancy Jane Strausser

3. (b) Social Security Number

4. Sex female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

8(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1940

8. AGE: Years — Months 2½ Days If less than one day hrs. min.

9. Birthplace Balto., City, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Harry E. Strauser
13. Birthplace Mt Carmel Pa

MOTHER
14. Maiden name Eleanor M. Foster
15. Birthplace Kulpmont, Pa

16. Informant Mr. Harry E. Strauser

Address Dundalk, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-16-40 (month) (day) (year)

Cemetery or crematory Texas Alms House

Location Texas, Md.

18. Funeral director John G. Connelly

Address Essex, Md.

19. 4-16-1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Pneumonary Congestion

Due to Malnutrition

Due to Gene Debility

Other conditions Probably Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. E. Mse Dfy M Ex M. D. or other

Address Pikesville Md Date signed 4-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Dr William G Gayer
156 N Milton Ave

Harry E. Strauser Mt Carmel. Pa 23

Eleanor M Strauser Mulfsmont Pa 21

Foster

Labor at Home

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04042

1. PLACE OF DEATH (97)

County Baltimore Registration Dist. No. 33

Village or City Owings Mills No. Burka's Aged Home St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Taylor If U. S. Veteran, specify WAR .....

(a) Residence: No. 1605 Warwick, Balto. Md. St., ... Ward. .....
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Widow~~ Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E. Schaller

6. DATE OF BIRTH (month, day, and year): July 12 - 1856

7. AGE: Years 83 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: R. R. Man
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Unknown "

FATHER
13. NAME: Taylor
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mr. Wm F. Miller, 1109 Overbrook Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date ....., 19....

19. UNDERTAKER (Address): John S. Connelly, Essex, Md.

20. FILED 4/22/, 1940 J. Frank Mahlzer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19....; death is said to have occurred on the date stated above, at between 12 midnite + 6 am m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senile dementia	12 yrs

Other Contributory Causes of Importance: Sudden death during sleep

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. F. Ermshar M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner,** weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 1 1940 BUREAU OF V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37 — 04043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs. 5 days
Hospital, institution, or street address where death occurred: Spring Grove State Hospital
How long in hospital or institution? 2 years 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Hampton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1304 Weldon Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Johnathan Thompson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Unknown
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): February 16, 1858

8. AGE: Years	Months	Days	If less than one day
82	2	11	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden name: ?
15. Birthplace: ?

16. Informant: Hospital records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 30 1940 (month) (day) (year)
Cemetery or crematory: St Marys (Hampden)
Location: Baltimore

16. Funeral director: Grant H. Seitz
Address: 814 N 36 St Baltimore City

19. 4/29 1940 (Date rec'd by registrar) — Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27, 1940, at 8:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1, 1939 to April 27, 1940 and that I last saw him alive on April 27, 1940

Immediate cause of death	DURATION
Chronic myocarditis	Before 1938
Due to: General arteriosclerosis	Before 1938
Due to:	
Other conditions: Senile Parkinson with psychosis	Before 1938

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.:
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? No (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: None Injured at work?

23. SIGNATURE: Else Pappenheim M. D. or other
Address: Spring Grove Hospital Date signed: 4/27/40

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 38

04044

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution 601 North Bend Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 17 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. 601 North Bend Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME HENRY TRAPP

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Emma Trapp

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 18, 1856

8. AGE: Years 84 | Months ~~5~~ | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Self

FATHER

12. Name John Trapp

13. Birthplace Germany

MOTHER

14. Maiden Name Magdelena Beck

15. Birthplace Germany

16 (a) Informant Mr. Edward Trapp

(b) Address Park Ave., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1940 (month) (day) (year)

(c) Cemetery or crematory Blenheim Cem.

Location Blenheim, Md.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) Apr 25 40 (Date rec'd by registrar) (b) D. Donnelly Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 23, 1940, at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1940, to April 22, 1940, and that I last saw him alive on April 22 1940.

Immediate cause of death	Duration
Coronary Occlusion	16 days
Due to Arterio Sclerosis	
Due to Hypertension	unk.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Towson Md Date signed 4/24/40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

(M)

(T)

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

04045

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Baltimore
City or town Butler
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Butler Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME J. Walter Turnbaugh

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Catherine Buechl
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Feb. 23, 1940

8. AGE: Years 66 Months 1 Days 30 If less than one day ___ hrs. ___ min.

9. Birthplace Mt. Carmel Balto. Co., Md.
(Town, county, and state)
10. Usual occupation Instructor, Balto. Co. Schools
~~11. Industry or business~~ Retired 5 Years
FATHER
12. Name Isaac Turnbaugh
13. Birthplace Balto. Co., Md.
MOTHER
14. Maiden name Frances Foster
15. Birthplace Balto. Co., Md.
16. Informant Mrs. J. W. Turnbaugh
Address Butler, Balto. Co., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 24, 1940 (month) (day) (year)
Cemetery or crematory Cedar Grove
Location Mt. Carmel, Balto. Co., Md.
18. Funeral director Landon M. Brooks
Address Sparks, Md.
19. Apr. 23 1940 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1940, at 3A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/34 to 4/22/40
and that I last saw him alive on 4/21/40 19
Immediate cause of death Cerebral hemorrhage — DURATION 4 days
Due to hypertension
Due to Arteriosclerosis
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE James L. Saffell M. D. or other
Address Reisterstown, Md. Date signed 4/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
FEDERAL W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

04046

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Woodlawn

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Stream of water at foot Gwynndale Ave

Stay in hospital or Insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State not known County

City or town not known Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME unknown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6(c) If aliva, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years | Months | Days | If less than ona day ____hrs. ____min.

9. Birthplace not known (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name not known

FATHER 13. Birthplace not known

MOTHER 14. Maiden name not known

MOTHER 15. Birthplace not known

16. Informant Geo McKieffer

Address 1010 Leadenhall

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 24 1940 (month) (day) (year)

Cemetery or crematory

Location Texas, Md

19. Funeral director Frank H. Newell

Address 1600 Reisterstown Rd, Pikesville Md.

19. 4/24/40 (Date recd by registrar) 19 E. E. Nicholls Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH about April 20 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Premature birth	6 min
Found in stream of water	
Due to Exposure	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo McKieffer Coroner Balto Co

M. D. or other

Address 1010 Leadenhall Date signed 4-22-40

RECEIVED
MAY 4 1940
BUREAU V. S.

04047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Fowblesburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Fowblesburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob P Upperco

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband or~~ wife Mary R. Upperco

6(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) December 26 - 1854

8. AGE: Years 85 Months 3 Days 12 If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Benjamin Upperco

13. Birthplace Maryland

MOTHER 14. Maiden name Naomi Barnes

15. Birthplace Maryland

16. Informant Mrs Jacob P Upperco

Address Upperco Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11/40 (month) (day) (year)

Cemetery or crematory St Paul's

Location Arcadia Md

18. Funeral director Edw C Tipton

Address Hampstead Md

19. 4/9/ 1940 (Date rec'd by registrar) J. Paul Mellinger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/8 1940, at 10 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1 1936, to 4/8 1940, and that I last saw b/m alive on 4/8 1940.

Immediate cause of death

Uremic coma — DURATION 2 days

Due to myocarditis - chronic — 5 yrs

Due to hypertension — (?)

Lobar pneumonia - Duration 24 hours. C.W.G.R.

Other conditions hypostatic pneumonia — 10 days

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James G. Sallett M. D. or other

Address Reisterstown, Md Date signed 4/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(I)

RECEIVED
MAY 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

04048

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Balto

City or town: Randalstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ingsbury Home Campfield Rd

Stay in hospital or inst. (yrs., or mos., or days): 12 yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Bengies Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Walzlein

3. (b) Social Security Number

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or ~~wife~~: John Walzlein

6(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): May 18, 1851

8. AGE: Years: 88 Months: 11 Days: 22 If less than one day ___ hrs. ___ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: "

FATHER
12. Name: Adam Miller
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mr. Theo Ratenkamp

Address: Campfield Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 26, 40 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Eastern Ave

18. Funeral director: L. Heemann & Son

Address: 32 S. Broadway

19. April 25 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24th 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 24 1940, to April 24 1940; and that I last saw her alive on April 20th 1940.

Immediate cause of death: 11 - Carcinoma of G. I. Tract.

Due to

Due to

Other conditions: - Secondary anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: - No.

DURATION: 6 months

?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: Earl L. Chambers M. D. or other

Address: 4108 Liberty Hts. Ave. Date signed: 4/25/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

04049

Reg. Dist. No. 438

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 2 yr 6 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Belair Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Route 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Eliza Lomax Ward

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife: Walter A. Ward

6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Oct 21 1897

8. AGE:

Years	Months	Days	If less than one day
42	5	16	____ hrs. ____ min.

9. Birthplace: N. C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Henry Yates
13. Birthplace: N. C.

MOTHER
14. Maiden name: Betty Pressnell
15. Birthplace: N. C.

Personal History-Hospital Records

16. Informant:

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Zion Cem.

Location: Bel Air, Maryland.

18. Funeral director: John Burns' Sons

Address: Towson, Md.

19. Apr 10 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 12 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1938, to April 7 1940,

and that I last saw her alive on April 7 1940.

	DURATION
Immediate cause of death: Pulmonary T.B.	1 1/2 yr.
Pulmonary Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H A Bridges
M. D. or other

Address: Towson, Md. Date signed:

RECEIVED
APR 25 1940
BUREAU V. P

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1314) Reg. Dist. No. 37

CERTIFICATE OF DEATH

04050

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Texas (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Baltimore County Almshouse
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yr 1 mo
(e) Length of stay in this community (yrs., mos., or days) 9 yr 1 mo

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? about 56 years

3 (a) FULL NAME Maria Wiatrowski

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Frank Wiatrowski
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1863

8. AGE: Years 76 | Months 4 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Poland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Michael Cyanek
13. Birthplace Poland

MOTHER
14. Maiden Name Augustine Szapsins
15. Birthplace Poland

16 (a) Informant Baltimore Co., Almshouse Register
(b) Address Texas, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Balto City

18 (a) Funeral director John M. Welby
(b) Address 401 S. Chester Street Balto

19 (a) Apr 25/1940 (Date rec'd by registrar) (b) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. Date of death April 27 1940, at 9:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1937, to Apr 24 1940, and that I last saw him alive on Apr. 24 1940.

	Duration
Immediate cause of death Chronic Nephritis (Coma)	2 yrs
Due to Chronic Hypertrophic Arthritis	3 yrs
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer C. Evans M.D. (M. D. or other)
Address Cockeysville Md. Date signed Apr. 28/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1940
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04051

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto

City or town: Woodlawn

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Woodlawn Mill Rd

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2½ yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Woodlawn Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Woodlawn Mill Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Michael Wilhelm

3. (b) Social Security Number: no

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jenny V. Lawson

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): June 25 1871

8. AGE: Years: 68 Months: 9 Days: 13 If less than one day: ____ hrs. ____ min.

9. Birthplace: Balto Co Md (Town, county, and state)

10. Usual occupation: retired

11. Industry or business: Woodlawn Dairy

FATHER 12. Name: Abraham Wilhelm

FATHER 13. Birthplace: Balto Md

MOTHER 14. Maiden name: Mary Bothorn

MOTHER 15. Birthplace: Balto Co Md

16. Informant: William F Wilhelm

Address: Woodlawn Balto Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/9/40 (month) (day) (year)

Cemetery or crematory: Pine Grove U.B.

Location: near Parkton, Md

18. Funeral director: Frank H. Newell

Address: Pikesville, Md

19. 4/9/19 40 (Date rec'd by registrar) C. C. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at abt 9a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Cerebral Embolism — DURATION

Due to: Arteriosclerosis

Due to: Hypertension

Other conditions: Sudden death

Injury

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: Geo M Kieffer Dep. Med Exam Balto M. D. or other

Address: 1010 Leeds Ave Date signed 4-7-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

04052

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 12 yr.5 mos.27 days

Stay in this community (yrs., or mos., or days): 12 yr.5 mos.27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel Co.

City or town: Annapolis Junction Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Louis Willette

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola ?

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): November 3, 1888

8. AGE: Years 51 Months 5 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace: Canada
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Contracting

FATHER
12. Name: Thomas Willette
13. Birthplace: Canada

MOTHER
14. Maiden name: Flossie Malone
15. Birthplace: Canada

16. Informant: Hospital Records

Address: B

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 4, 30, 40 (month) (day) (year)

Cemetery ~~or crematory~~: Savage

Location: Savage Md

18. Funeral director: Lloyd Raisir

Address: Laurel Md

19. 4/27 (Date rec'd by registrar) 1940 [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27, 1940, at 8:05 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Coronary thrombosis

Due to: Cardio vascular disease

Due to:

Other conditions: sudden death Inquiry
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo S M Kieffer Dep Med Exam of Balto Co
M. D. ~~or other~~

Address: 1010 Leeds av Date signed: 4-27-40

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04053

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 10 months
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Same
City or town Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1102 Whitmore Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Wise

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Unknown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1865

8. AGE:

Years	Months	Days	If less than one day
84	3		hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name ~~Unk~~ Thomas Crozier
13. Birthplace Maryland

MOTHER
14. Maiden name Emma Tydings
15. Birthplace Maryland

16. Informant Mrs. Frances Wise (daughter-in-law)
Address 1102 Whitmore Ave. Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/12/40 (month) (day) (year)
Cemetery or crematory Westerns
Location Baltimore Md
18. Funeral director Wm Cook
Address Baltimore Md
19. 4/10 (Date rec'd by registrar) 1940 Registrar County Local

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1940 19 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9, 1940 19 to April 10 1940, and that I last saw h- alive on April 9, 1940 19

Immediate cause of death	DURATION
arteriosclerosis	Unk
Due to	
Due to	
Other conditions arteriosclerotic heart disease (Include pregnancy within 3 months of death)	Unk

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lewis Danziger, MD
M. D. or other
Address Spring Grove Hospital Date signed 4-10-40

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-d

Reg. Dist. No. 38 — 04054

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Parkville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 2628 Westwood Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 1 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED.
(a) State Md. (b) County Baltimore
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2628 Westwood Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** ~~Louisa~~ Luise Wohlleben

3 (b) If veteran, name war ____ 3 (c) Social Security No. ____

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Conrad Wohlleben

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 27, 1870

8. AGE: Years 69 | Months 9 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Gebhard
13. Birthplace Germany

MOTHER 14. Maiden Name Nillinger
15. Birthplace Germany

16 (a) Informant Frederick Reich
(b) Address 2628 Westwood ave., Parkville.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Parkville, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson Md

19 (a) Apr 23 1940 (Date rec'd by registrar) (b) Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death April 22, 1940, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1940, to Apr. 22 1940, and that I last saw him alive on Apr. 21 1940.

	Duration
Immediate cause of death Hypostatic pneumonia, left side	
Due to Cerebral Hemorrhage	22 days
Due to Hypertensive Cardio-vascular disease	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. A. Sedlacek M.D. (M.D. or other)
Address Towson, Md. Date signed 4/22/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1940
BUREAU V. S.